A Strategic Plan to Address Chronic Obstructive Pulmonary Disease in West Virginia

Contents:

Acknowledgements

The American Lung Association in West Virginia and the West Virginia COPD Coalition were awarded funds by Philips Respironics and Boehringer-Ingelheim to develop a strategic plan to address Chronic Obstructive Pulmonary Disease (COPD) in West Virginia. The purpose of the plan is to address the health care concerns associated with COPD in West Virginia and serve as a guide for the work of the West Virginia COPD Coalition.

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West Virginia COPD Coalition – The West Virginia COPD Coalition is made up of volunteers from statewide organizations, health care professionals, educators, researchers, industry representatives, community members, patients, and caregivers. The mission of the West Virginia COPD Coalition is to improve the health outcomes of patients with COPD by working with patients, caregivers, and the health care community to increase awareness and early diagnosis of COPD and improve treatment and management of this chronic disease.

American Lung Association – Founded in 1904, the American Lung Association is a voluntary health organization whose mission is to save lives by improving lung health and preventing lung disease through education, advocacy and research. Our vision is to serve as the primary resource for those with lung disease and those who help them, through education, community service, research and advocacy.

Boehringer-Ingelheim – The Boehringer Ingelheim group is one of the world's leading pharmaceutical companies. Since it was founded in 1885, the family-owned company has been committed to researching, developing, manufacturing and marketing novel medications of high therapeutic value for human and veterinary medicine. As part of research and development activities for innovative drugs, the company focuses primarily on the therapeutic areas of cardiovascular disease, respiratory diseases, diseases of the central nervous system, metabolic diseases, virological diseases and oncology.

Philips Respironics – Philips Respironics, a global leader in the Sleep and Respiratory markets, is passionate about providing solutions that lead to healthier patients, healthier practices, and healthier businesses. We believe that effective sleep and respiratory management empowers patients to rediscover confidence and the freedom to live a fulfilling life by restoring their ability to sleep and breathe naturally. At home and on the go, our personalized sleep and COPD therapies make it easy for everyone to engage with their care and integrate it into everyday life, enhancing their experience and results. As intuitive to experience as sleeping or breathing itself, our technologies and solutions help every patient to embrace their condition in order to help them in their goals to regain control, feel human again, and live the life that they want.

The West Virginia COPD Coalition and the American Lung Association would like to thank each individual who contributed their time, effort, ideas and expertise to the creation and completion of this plan.

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Executive Summary

The Strategic Plan to Address Chronic Obstructive Pulmonary Disease in West Virginia is the result of collaboration between the American Lung Association in West Virginia and a group of over 90 stakeholders who serve on the West Virginia COPD Coalition. In an effort to raise awareness and address this public health priority, the West Virginia Stakeholders group was convened for the first time in March 2014 and was tasked with developing a framework to address COPD in West Virginia. Through discussions in March of 2014 with the Secretary of DHHR and the Commissioner of Health, it was agreed that a State Plan for COPD may be warranted and that next steps would include an assessment of vested stakeholders and then, to move forward with the development of a State Plan if there was consensus as to the need.

Over the course of the next 12 months, conversations were conducted with, but not limited to, the US COPD Coalition, the WV Office for Tobacco Prevention, WVU, the WV Hospital Association, MedExpress, CAMC, HIMG, the WV Society for Respiratory Care, the WV Wellness Council, and other stakeholders to which there was agreement as to the need for a State Plan for COPD. Subsequently, a small group of stakeholders met to complete a statewide needs assessment of COPD programs and policies in West Virginia to help formulate the COPD State Plan. This small group was also tasked with identifying additional stakeholders within the state. In March of 2015 an expanded group of more than 100 stakeholders met at Stonewall Jackson Resort to begin the work of drafting a state plan for COPD. The group was tasked with identifying goals and objectives that would work towards meeting the needs of those living with and caring for those with COPD. A follow-up COPD Symposium was held in December of 2015 in order for stakeholders to put the finishing touches on the plan by defining the activities and strategies for the goals and objectives as well as listing current and prospective stakeholders and partners with a similar mission.

Data from the 2011 COPD Burden Report published by the West Virginia Department of Health and Human Resources "Chronic Obstructive Pulmonary Disease an Overview of the Problem in West Virginia" was taken into consideration and incorporated into the *Strategic Plan to Address COPD in West Virginia. The Strategic Plan to Address COPD in West Virginia* will be used as a roadmap to help address the COPD burden in West Virginia and to maximize local, state, and national resources to help raise awareness and affect change for the over 91,000 West Virginians who are struggling with COPD. [1]

The ultimate goals of *The Strategic Plan to Address COPD in West Virginia* are to reduce the morbidity and mortality, as well as improve the quality of life for those living with COPD, create opportunities to leverage statewide resources to raise awareness, and to improve health equity for COPD patients. The plan will serve as a framework to move West Virginia forward in focusing public awareness on this important lung disease that affects 8.9% of West Virginia residents. [1]

The Strategic Plan to Address Chronic Obstructive Pulmonary Disease in West Virginia identifies strategies and implementation methods to address these six goals:

- **Prevention and Early Detection:** Support state-wide implementation of effective COPD prevention, education, screening and early detection practices.
- **COPD Treatment and Management:** Educate health care providers to meet COPD care standards, offer the highest quality of evidence-based care for COPD patients, and improve transition of care.
- **Community Coordination:** Educate and connect patients, providers, businesses, and community partners to available resources to improve awareness, early intervention and prevention, diagnostics, and quality of life of patients with COPD and their families,
- **Policy and Advocacy:** Raise the visibility of COPD as a chronic disease and support policies that promote prevention, early diagnosis, education, and improve disease management through patient access to care.
- **Data Collection and Surveillance:** Establish metric to measure and assess the effectiveness of the State Plan.
- **Research:** Leverage West Virginia's unique resources to maximize research into COPD prevention, diagnosis and treatment.

What is COPD?

COPD is a group of progressive respiratory conditions, including emphysema and chronic bronchitis, characterized by airflow obstruction and symptoms such as shortness of breath, chronic cough, and sputum production. A definitive COPD diagnosis involves measuring lung function through the use of spirometry, a noninvasive outpatient procedure. While there is no cure for COPD, treatment is available to manage the symptoms that are caused by COPD and to improve quality of life. COPD is one of the most significant preventable and treatable diseases in America today. It is estimated that 15.7 million adults have been told by a physician or other health professional that they have COPD.[2] COPD affects an estimated 91,000 West Virginia residents and is the third leading cause of death in the state. [1]

COPD is an important contributor to both mortality and disability in the United States. COPD is the primary contributor (>95%) to deaths from chronic lower respiratory diseases and the third leading cause of death in the United States.[3] West Virginia's COPD age-adjusted mortality rates were regularly greater than the United States' rates from 1999 to 2006. In the years of 2007 and 2008 West Virginia's rates of mortality due to COPD increased. In 2008 they increased to 68.5 deaths per 100,000 within the population, which showed a 19% increase from the past year. In 2006 West Virginia's rates of mortality in age-specific groups for those who were 45 and older showed an increase above national rates in every age group.[1]

Among diseases and injuries, COPD is the sixth largest contributor to number of years lived with disability in the United States.[4] To assess the state-level prevalence of COPD and the association of COPD with various activity limitations among US adults, the Centers for Disease Control and Prevention (CDC) analyzed data from the 2013 Behavioral Risk Factor Surveillance System (BRFSS).[5] Adults who reported having COPD were more likely to report: 1) being unable to work (24.3% versus 5.3%),2) having an activity limitation caused by health problems (49.6% versus 16.9%), 3) having difficulty walking or climbing stairs (38.4% versus 11.3%), or 4)

using special equipment to manage health problems (22.1% versus 6.7%), compared to adults without COPD.[6] In West Virginia, adults with COPD were more likely to report that a health condition limits activity (70.0% vs. 27.7%), no exercise in the past month (52.8% vs. 33.4%), a poor/fair self-reported health status (67.4 vs. 21.0%), and 14 poor mental health days in the last 30 days (32.2% vs. 13.7%). (CDC) Healthy People 2020 has identified several COPD-related objectives,* including the reduction of activity limitations among adults with COPD.[7]

COPD-Related Health Care Services Use and Costs

COPD is costly, with COPD-related medical costs estimated at $32 billion in the United States in 2010 and an additional $4 billion in absenteeism costs[8] The CDC 2010 data estimates 16.4 million days of work lost due to COPD with a projected increase of COPD-related medical costs of 49 billion by 2020.[8] Of the medical costs, 18% was paid for by private insurance, 51% by Medicare, and 25% by Medicaid.[8] Persons with COPD are less likely to be employed and more likely to be limited in the type of work they can perform, compared with persons without COPD.[9]

US Hospital Utilization Patterns: there was a decline in inpatient hospitalizations for COPD from 1999 through 2007 for both men and women, who were hospitalized at similar rates during this period.

In 2006, the West Virginia state rate of hospitalization was 45.7 hospitalizations per 10,000 within the population, which is 103% higher than the rational rate of 22.5. Medicare, followed by Medicaid, paid for more than two-thirds of the COPD hospital discharge fees in West Virginia in 2008. The rates of women with COPD being hospitalized were higher than men from 1998-2008. In 2008 59.8 women were hospitalized per 10,000 compared to a rate of 45.7 for men.[1]

Symptoms and Diagnosis of COPD[10]

- **Symptoms:** Cough (with or without mucus), fatigue, repeated respiratory infections, shortness of breath (dyspnea) that worsens with even mild activity, and wheezing. Patients may also experience swelling of the legs and feet, weight loss, and reduced muscle strength and endurance. Symptoms may appear gradually over time, making it difficult to recognize COPD as a disease rather than aging or other disease.
- **Emergency Symptoms – GO TO AN EMERGENCY ROOM if any of these symptoms occur:** Bluish complexion (face and lips, indicating insufficient oxygen), drowsiness or confusion, extreme difficulty breathing, rapid pulse, severe anxiety due to insufficient air. In addition, an attack may be characterized by an abnormal, uneven breathing pattern, cessation of breathing, chest pain, or tightness in the chest.
- **Diagnosis of COPD:** Evaluation of lung function using a stethoscope to hear lung sounds, spirometry to measure lung function and capacity, chest x-ray or CT scan to visualize the lungs and arterial blood gas measurement to determine the amounts of oxygen and carbon dioxide in the blood. These tests are often used in combination, since any one test may be negative but COPD may still be present.

Treatment of COPD[10]: There is no cure for COPD; once the lung tissue is damaged, it cannot recover. However, there are many options that allow improvement of health, relief of symptoms, and prevention of deterioration of the lungs. These include:

- **Behavioral Change:** The key change essential to the treatment of COPD is for the individual to stop smoking; in addition, exposure to environmental pollutants and airway irritants (in the workplace and at home) must be avoided.
- **Medication:** Therapeutic options for patients with COPD are outlined in the GOLD Guidelines (**G**lobal Initiative for Chronic **O**bstructive **L**ung **D**isease. Guidelines suggest inhaled bronchodilators (ex. albuterol), anticholinergics (ex. ipratropium, tiotropium) and or beta agonists (ex. formoterol, salmeterol), to open the airways early in the disease process and addition of anti-inflammatory medications, inhaled corticosteroids (ex. beclomethasone, fluticasone) and or phosphodiesterase inhibitors to reduce lung inflammation medications (ex. aminophylline, theophylline, roflimulast) . In addition, patients with COPD should receive influenza vaccines and pneumococcal vaccines based on the recommendations given from the Centers for Disease Control and Prevention (CDC).
- **Surgical Intervention:** In some cases, surgery is needed to remove diseased lung tissue (ex. lobectomy, pneumonectomy); lung transplant is a treatment of last resort in the most severe cases. Lung reduction surgery and lung transplant are appropriate in a limited numbers of cases
- **Severe Cases, Flare-ups, and Exacerbations:** Treatment may include steroids by mouth or vein (intravenous); bronchodilation through a nebulizer; oxygen therapy; and breathing assistance through a mask, Bi-level Positive Airway Pressure (BiPAP) or Continuous Positive Airway Pressure (CPAP), or endotracheal tube; in addition, antibiotics may be used to avoid or shorten infections.
- **Emergency Treatment:** In the case of having difficulty breathing or talking, blue or grey lips or fingernails (indicating reduced oxygen intake), reduced mental alertness, or rapid heart rate, emergency care should be accessed immediately.

Impact of COPD on Health – Management of COPD[10]: While there is no cure for COPD, proper medical care and self-management can reduce the frequency and seriousness of symptoms, and slow down the progression of the disease. It is very important the patients are able to afford the medications and know how to use the devices and medications correctly. They may be prescribed a medication, but not know how to use it appropriately causing an exacerbation and be admitted to the hospital. Management includes:

- **Cessation of Tobacco Use:** Smokers who have been diagnosed with COPD are encouraged to quit smoking, which can slow the progression of the disease and reduce mobility impairment. Complete cessation of the use of tobacco is essential in order to stop damaging the tissues of the lungs; use of nicotine patches has been found to be an effective method, as well as participation in support groups.

- **Pulmonary Rehabilitation:** In addition, COPD patients should be referred to participate in a pulmonary rehabilitation program that combines patient education and exercise training to address barriers to physical activity, such as respiratory symptoms and muscle wasting. While COPD cannot be cured, rehabilitation can teach patients to breathe differently to allow continued activity as well as providing education on medications and their use and dietary needs and good nutrition.
- **Strength Conditioning:** Regular exercise has many benefits. An exercise program can help patients to build up strength to expand capabilities and fitness including improved muscle tone, strength, balance and joint flexibility.
- **Home Environment:** Modifications that will increase function include avoidance of very cold air or very hot humid air, removal of all sources of smoke from the home (particularly second-hand and third-hand tobacco smoke), and reducing air pollutants from wood-burning fireplaces and other sources.
- **Maintain Health:** Other aspects of health can be enhanced, including an improved diet (lean proteins, fruits, vegetables, and more calories if needed). Be sure to get an annual influenza (flu) vaccination as well as the pneumococcal vaccination (PCV13 and PPSV23 are recommended for adults 65 years or older and who are at high risk for pneumococcal disease such as COPD).
- **Stress Reduction:** The presence of a progressive, activity-limiting disease such as COPD can be stressful for the patient, family, and friends. Support groups are one means of sharing experiences and solutions.
- **Continuing and End-of-Life Care:** Since COPD is a progressive disease with significant impact on lifestyle with a poor prognosis, use of supplemental oxygen or a breathing machine, more frequent hospital admissions, and other complications are likely. Consultation with the patient's physician or other caregivers is strongly indicated.

There is no known cure for COPD, but much can be done to treat and help manage the disease if it is found early. It is a critical aspect of successful treatment of COPD to incorporate the mental health component when addressing COPD. According to the GOLD (Global Initiative for Chronic Obstructive Lung Disease) guidelines, the goals of COPD treatment and management for patients: is to prevent disease progression, relieve symptoms, improve exercise tolerance, improve health status, prevent and treat complications and exacerbations reduce mortality and prevent or minimize side-effects from treatment.[11]

The remainder of this document includes the goals, objectives, and strategies set forth by *The Strategic Plan to Address COPD in West Virginia*.

References:

American Association for Respiratory Care (AARC) (www.aarc.org): The American Association for Respiratory Care is the leading national and international professional association for respiratory care. The AARC encourages and promotes the professional excellence, advances the science and practice of respiratory care, and serves as an advocate for patients, their families, the public, the profession and the respiratory therapist.

American Lung Association (ALA): Founded in 1904, the American Lung Association is a voluntary health organization whose mission is to save lives by improving lung health and preventing lung disease through education, advocacy and research. Our vision is to serve as the primary resource for those with lung disease and those who help them, through education, community service, research and advocacy.

Health Advocate: is a family member, friend, trusted coworker, or a hired professional who can ask questions, write down information, and speak up for an individual/patient so that they can better understand the illness and work to get the care and resources the individual needs. This can provide the individual/patient peace of mind so they can focus on their recovery for injury or illness.

Health Literacy: the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions. Health literacy is dependent on individual and systemic factors: Communication skills of lay persons and professionals.

Medication Reconciliation: the process of creating the most accurate list possible of all medications a patient is taking — including drug name, dosage, frequency, and route — and comparing that list against the physician's admission, transfer, and/or discharge orders, with the goal of providing correct medications to the patient at all transition points within the hospital. Many organizations have demonstrated that implementing medication reconciliation at all transitions in care — at admission, transfer, and discharge — is an effective strategy for preventing Adverse Drug Events (ADEs).

Tar Wars Program: an American Academy of Family Physicians' program - a tobacco-free education program for fourth- and fifth-grade students whereas the program is designed to teach kids about the short-term, image-based consequences of tobacco use, the cost associated with using tobacco products, and the advertising techniques used by the tobacco industry to market their products to youth.

Third Party Payors: Any organization, public or private, that pays or insures health or medical expenses on behalf of beneficiaries or recipients, such as commercial insurance companies, Medicare, and Medicaid. A person generally pays a premium for coverage in all such private and in some public programs.

Translational Materials Research: a new type of journal focusing on the steps needed to translate breakthroughs in advanced materials research into commercial technologies, products and applications.

West Virginia Health Statistics Center (HSC), housed in the West Virginia Department of Health & Human Resources, has two main functions: to be the state's official repository of vital records and to analyze and make available information from vital records and other health-related data sources to inform planning and policy decisions. Two units exist within the HSC to meet these goals. 1. Vital Registration Office, which houses birth, death, marriage, and divorce certificates, and 2. Statistical Services & Chronic Disease Epidemiology, which conducts the Behavioral Risk Factor Surveillance Survey (BRFSS).

Youth Tobacco Program/RAZE: Raze is West Virginia's teen led tobacco prevention program. It is housed at the American Lung Association and funded by the Department of Health and Human Resources. The mission of the program is to tear down the lies of big tobacco by creating a serious rebellion against big tobacco.

[1] Source: Chronic Obstructive Pulmonary Disease An Overview of the Problem in West Virginia, 2011

[2] http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6411a1.htm

[3] Source: Heron M. Deaths: leading causes for 2010. Natl Vital Stat Rep 2013;62:1–96.

[4] Source: US Burden of Disease Collaborators. The state of US health, 1990-2010: burden of diseases, injuries, and risk factors. JAMA 2013;310:591–608.

[5] Healthy People, Office of Disease Prevention and Health Promotion, Healthy People 2020, 2012-2013.
http://www.healthypeople.gov/2020/topics-objectives/topic/respiratory-diseases

[6] http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6411a1.htm

[7] Center for Disease Control, Employment and Activity Limitations Among Adults with Chronic Obstructive Pulmonary Disease — United States, 2013,
http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6411a1.htm

[8] Source: Ford ES, Murphy LB, Khavjou O, Giles WH, Holt JB, Croft JB. Total and state-specific medical and absenteeism costs of COPD among adults aged ≥18 years in the United States for 2010 and projections through 2020. Chest 2015;147:31–45.

[9] Correct source: Patel JG, Nagar SP, Dalal AA. Indirect costs in chronic obstructive pulmonary disease: a review of the economic burden on employers and individuals in the United States. Int J Chron Obstruct Pulmon Dis 2014;9:289–300.

[10]
http://www.vdh.virginia.gov/ofhs/prevention/collaborative/documents/2013/pdf/COPD%20Burden%20Report%20.pdf

[11] The Global Initiative for Chronic Obstructive Lung Disease (GOLD), Virginia Department of Health http://www.goldcopd.org/guidelines-copd-diagnosis-and-management.html

Goal 1: Prevention and Early Detection: Support COPD prevention and early detection practices.

Goal Statement: Support state-wide implementation of effective COPD prevention, education, screening and early detection practices.

Objective 1: Develop a prioritized state plan that advocates increased utilization of evidence-based approaches for early detection and diagnoses of COPD.

Objective 2: Implement a state plan that advocates increased utilization of evidence-based approaches for early detection and diagnosis of COPD.

Performance Measures:

- Development and implementation of a state plan

Measurement Tools:

- Statewide COPD plan
- Hospitalization statistics
- Mortality statistics
- Behavioral Risk Factor Surveillance System

Strategies:

Strategy 1: Promote healthy living practices to provide the most effective method of preventing COPD. Include tobacco abstinence, periodic health checks, avoidance of unhealthy work environments, etc.

Strategy 2: Encourage health care providers and professional students to attend community health fairs to provide information on prevention, provide screenings, and make referrals if necessary.

Strategy 3: Increase use of spirometry for earlier diagnosis and monitoring of disease based on stage differentiation.

Strategy 4: Increase the adoption and use of nationally approved guidelines such as the Global Initiative for Chronic Obstructive Lung Disease (GOLD) Guidelines throughout the medical community.

Potential Partners:

- American Lung Association
- West Virginia Department of Health and Human Resources
- Local Health Departments
- Regional Tobacco Prevention Coordinators
- Pharmaceutical Research and Manufacturers of America (PhRMA)

- CVS Pharmacy, Target and other tobacco free retailers
- Centers for Medicare and Medicaid
- University and College Health Education Programs and Medical Students
- Hospitals
- Health Care Providers
- National Institute for Occupational Safety and Health (NIOSH)
- American Academy of Family Physicians
- State Legislators
- Third Party Payers
- Health Insurers

Goal 2: COPD Treatment and Management: Support providers to meet COPD standards of quality care.

Goal Statement: Educate healthcare providers to meet COPD care standards, offer the highest quality of evidence-based care for COPD patients, and improve transition of care.

Objective 1: Promote the use of evidence based guidelines for COPD in regards to improve screening, diagnosis and treatment.

Objective 2: Ensure patients receive early screening and diagnosis of COPD through spirometry and other screening tools.

Objective 3: Increase patient awareness and knowledge of COPD causes, treatments options, and resources in their community.

Objective 4: Increase healthcare professionals' knowledge of COPD causes, treatments options, and resources in their community.

Objective 5: Increase access to resources and support services for COPD patient and their caregivers such as smoking cessation and pulmonary rehab programs.

Performance Measures:

- Identify evidence based COPD guidelines
- Identify COPD screening tools
- Identify COPD educational resources
- Identify local resources for tobacco cessation and pulmonary rehabilitation programs

Measurement Tools:

- Readmission and hospitalization rates
- Behavioral Risk Factor Surveillance System
- West Virginia Tobacco Quitline enrollment

Strategies:

Strategy 1: Redefine what a successful treatment is and how to improve medication delivery.

Strategy 2: Create educational material for use by physicians and pulmonary health care providers with patients and caregivers.

Strategy 3: Educate healthcare providers on current COPD guidelines and treatment (GOLD Guidelines, American College of Physicians (ACP), American Thoracic Society (ATS), or other entity).

Strategy 4: Increase the number of healthcare providers certified in spirometry.

Potential Partners:

- The American Lung Association
- West Virginia Bureau for Medicaid Services
- Hospitals
- West Virginia Department of Health and Human Services
- Physicians and physician societies
- State Medical Boards
- Registered Professional and Licensed Practical Nurses
- Respiratory Therapists
- Pharmacists / Pharmacies
- Home Health Companies
- Patient caregivers
- Insurance Companies and Payers
- West Virginia Tobacco Quit Line
- Pharmaceutical Companies
- Pharmaceutical Research and Manufacturers of America (PhRMA)

Goal 3: Community Coordination: Connect patients, providers and partners to COPD resources and to each other.

Goal Statement: Educate and connect patients, providers, businesses, and community partners to available resources to improve awareness, early intervention and prevention, diagnostics, and quality of life of patients with COPD and their families.

Objective 1: Educate the general public, people living with COPD, and health care providers on current evidence based COPD guidelines.

Objective 2: Increase coordination of efforts between government, non-profits, and other agencies to provide education to patients, caregivers, health care practitioners, public health officials and business on COPD.

Objective 3: Increase awareness of COPD support services such as COPD specialists, smoking cessation programs, medication counseling programs at community pharmacies, local support groups, pulmonary rehabilitation programs, clinical trials, and other lung disease resources.

Objective 4: Initiate a statewide awareness campaign of the risk factors of COPD. Utilize multiple methods such as social media as well as earned media and public service announcements.

Objective 5: Foster communication, collaboration and networking educational opportunities among patients, caregivers, healthcare professionals, public health officials and other stakeholders that will advance the knowledge of COPD risk factors, diagnosis methods, disease management strategies and treatment options, and patient self-advocacy.

Performance Measure:

- Identify partners
- Define community resource kit
- Identify existing community resources that relate to the prevention, diagnosis and treatment of COPD
- Identify methods to increase awareness of COPD
- Identify methods for patient self-advocacy

Measurement Tools:

- Number of healthcare provider trainings
- Number of public service announcements and social media posts
- Number of public education events provided
- Number of educational materials distributed to patients and caregivers

Strategies:

Strategy 1: Create social support opportunities for patients and caregivers (Better Breathers Clubs, pulmonary rehab programs)

Strategy 2: Create or adopt available translational materials or toolkits for healthcare providers, patients, and caregivers.

Strategy 3: Create or promote existing educational materials and trainings on COPD.

Strategy 4: Hold/attend community health fairs.

Strategy 5: Create social media campaign to increase awareness of COPD support services.

Strategy 6: Provide opportunities for earned media such as human interest stories.

Strategy 7: Increase awareness and use of the West Virginia Tobacco Quit Line and similar tobacco cessation programs.

Strategy 8: Increase the use of health literacy techniques and strategies among healthcare providers to improve the education of their patients and their caregivers.

Strategy 9: Develop a community resource kit.

Strategy 10: Develop a communication plan for the West Virginia COPD Coalition to increase awareness and education efforts, recruit additional stakeholders, and provide a template for the membership to use in the state.

Potential Partners:

- American Lung Association

- West Virginia Hospital Association
- Higher Education Institutions and Vocational/Technical Schools and their medical programs
- State Medical Boards
- State Medical Societies
- West Virginia Department of Health and Human Resources
- West Virginia Bureau of Senior Services
- Hospitals and Pulmonary Rehabilitation Centers
- Durable Medical Equipment companies (DMEs)
- Physician practices
- Faith-based Organizations
- Local Media: Radio, Newspaper and Television
- West Virginia Tobacco Quit Line
- COPD Foundation

Goal 4: Policy and Advocacy: Increase advocacy and public policy efforts related to COPD.

Goal Statement: Raise the visibility of COPD as a chronic disease and support policies that promote prevention, early diagnosis, education, and improve disease management through patient access to care.

Objective 1: Raise awareness among legislators and attain permanent funding for a state public health program focused on COPD prevention, diagnosis, and treatment of COPD.

Objective 2: Support the development, funding, and staffing of a state public health program focused on COPD and build the capacity of the West Virginia COPD Coalition.

Objective 3: Advocate and support policies to reduce the prevalence of tobacco use and secondhand smoke exposure among West Virginians.

Objective 4: Remove policy barriers to access for diagnostic care and treatment for patients with COPD in support of telemedicine to ensure payment in Medicaid and Medicare.

Performance Measures:

- State funding allocated to a stated COPD program
- Fully functional COPD coalition to actively participate in and monitor the state legislative process
- Grant funding secured for pulmonary function testing and spirometry in clinics in rural health
- Increase the number of comprehensive clean indoor air regulations in West Virginia
- Increase the West Virginia Tobacco Tax by $1

Measurement Tools:

- West Virginia state budget
- West Virginia state laws
- Local county clean indoor regulations

Strategies:

Strategy 1: Establish a task force made up of West Virginia COPD Coalition members to identify potential funding sources within state and federal government.

Strategy 2: Draft proposed legislation for policies that reduce risk factors, provide reimbursement for treatment and care, and provide funding for a state COPD program. Identify key legislators, policy makers, and request sponsorship.

Strategy 3: Draft proposed legislation to mandate the collection of COPD data from hospitals to include emergency room usage.

Strategy 4: Advocate and lobby for clean air policies.

Strategy 5: Advocate and lobby for a $1 increase in the cigarette tax.

Strategy 6: Facilitate West Virginia COPD Coalition public awareness campaigns around advocacy efforts.

Potential Partners:

- American Lung Association
- American Cancer Society
- American Heart Association
- Coalition for a Tobacco Free West Virginia
- West Virginia Hospital Association
- West Virginia Medical Society
- West Virginia Department of Health and Human Resources
- West Virginia Health Care Authority
- Private Foundations
- Pharmaceutical Research and Manufacturers of America (PhRMA)
- Legislators
- Patients and Caregivers
- Local Boards of Health

Goal 5: Data Collection and Surveillance: Increase the availability and use of reliable COPD data.

Goal Statement: Establish metric to measure and assess the effectiveness of the West Virginia Statewide COPD plan.

Objectives:

Objective 1: Establish a surveillance system to accurately track the overall burden of COPD in the state of West Virginia.

Objective 2: Improve data collection for COPD in the state of West Virginia.

Objective 3: Enhance use of surveillance data to guide decisions, and improve quality and efficiency of COPD prevention and treatment efforts.

Performance Measures:

- Surveillance system established
- Standardized data collection across the state for COPD
- Quality and efficiency of COPD prevention and treatment in West Virginia improved

Measurement Tools:

- Quarterly reports from hospitals and the West Virginia Hospital Association
- Admissions and re-admissions data
- Patient discharge data
- Health insurance databases
- Mortality data
- Behavioral Risk Factor Surveillance Survey

Strategies:

Strategy 1: Build shared user agreements for COPD data collection and dissemination.

Strategy 2: Establish a quality control process consistent with and adapted to the Affordable Care Act.

Strategy 3: Identify and assess current data sources.

Potential Partners:

- West Virginia Health Care Authority
- West Virginia Hospital Association
- West Virginia Department of Health and Human Services
- West Virginia Bureau of Medicaid Services
- West Virginia Health Information Network
- West Virginia Medical Institute
- Centers of Medicare and Medicaid Services
- Hospitals

Goal 6: Research: Increase coordinated COPD research.

Goal Statement: Leverage West Virginia's unique resources to maximize research into COPD prevention, diagnosis and treatment.

Objective 1: Support research into COPD etiology and clinical management, expanding efforts to communicate research developments to the patient community as well as health policy and outcomes particularly as the activities related to state issues.

Objective 2: Encourage collaboration of state professional organizations to share and discuss COPD specific data by promoting research opportunities among West Virginia residents with COPD.

Objective 3: Identify potential research funding opportunities and communicate to providers and patients with COPD.

Performance Measures:

- Number of research opportunities identified per year
- Number of research opportunities shared with the patient community per year

Measurement Tools:

- Clinical trial list at the Airways Clinical Research Centers
- National Heart Lung and Blood Institute clinical trials list
- Other clinical trial lists

Strategies:

Strategy 1: Launch a WV COPD research database accessible by patients interested in participating in research studies and for researchers seeking study participants in conjunction with the patient registry for surveillance purposes.

Strategy 2: Launch a patient registry.

Strategy 3: Procure research dollars/funding for the COPD research to be facilitated in West Virginia. Identify and recruit funding sources.

Strategy 4: Conduct routine multi-stakeholder COPD focused forums for information sharing and learning.

Potential Partners:

- American Lung Association
- West Virginia Department of Health and Human Resources
- West Virginia University Prevention Research Center
- West Virginia School of Osteopathic Medicine Research
- Marshall University Prevention Research Center
- Centers for Medicare and Medicaid
- West Virginia Society for Respiratory Care
- West Virginia Association Cardio-Vascular and Pulmonary Rehab