THE STRATEGIC ACTION PLAN
TO ADDRESS COPD IN NEW JERSEY

NOVEMBER 2016
## Contents

Mission & Membership ................................................................. 3
Executive Summary ................................................................. 4
COPD Task Force Objectives .................................................... 5
Overview of COPD ................................................................. 6
  New Jersey Mortality Rates and Trends .................................. 6
  COPD-Related Health Care Services Use and Costs ............... 7
Symptoms and Diagnosis of COPD ............................................ 7
Treatment of COPD ............................................................... 8
Surgical Intervention ............................................................. 8
Advanced Directives ............................................................. 9
Research .................................................................................. 9
Impact of COPD on Health/Management of COPD .................. 9
Goals, Objectives, and Strategies .............................................. 11
  Goal 1: Surveillance and Evaluation .................................... 11
  Goal 2: Public Health Research, Prevention and Treatment Strategies .................................. 12
  Goal 3: Policies and Programs .............................................. 15
  Goal 4: Communications .................................................... 16
  Goal 5: Sustainability ........................................................ 17
References ................................................................................. 19
The American Lung Association of the Mid-Atlantic has active COPD coalitions in Pennsylvania, Virginia, West Virginia, New Jersey and planned engagement in Delaware, Maryland and the District of Columbia.

Nearly 451,000 people – 5.1 percent of New Jersey’s population – are living with COPD. As a result, the American Lung Association in New Jersey started engagement with a group of stakeholders to craft a Strategic Action Plan to address COPD in New Jersey. The plan will serve as the framework to create an educational campaign to address the health care concerns of COPD in New Jersey and establish the first COPD Coalition in New Jersey. The following individuals served as COPD stakeholders to help craft the COPD Strategic Action Plan.

<table>
<thead>
<tr>
<th>Name</th>
<th>Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alison Siderko</td>
<td>Ocean Medical Center</td>
</tr>
<tr>
<td>Charles Sonaliya, MHA</td>
<td>Chronic Disease Coordinator, Inspira Medical Center Vineland</td>
</tr>
<tr>
<td>David Orloff, RRT</td>
<td>Manager Respiratory Care, Hackensack Meridian</td>
</tr>
<tr>
<td>Dr. Andrew Berman, MD</td>
<td>Director of Pulmonary/Critical Care Medicine, Rutgers New Jersey Medical School &amp; President of the New Jersey Thoracic Society</td>
</tr>
<tr>
<td>Deborah A. Goss, MD</td>
<td>Medical Director, Hackensack University Medical Center Lung Cancer Screening Program, COPD Researcher, Hackensack Sleep &amp; Pulmonary Center</td>
</tr>
<tr>
<td>Fernando Echeverria, RRT</td>
<td>Atlantic Health System</td>
</tr>
<tr>
<td>Herve Mondestin</td>
<td>Director, Respiratory Care Services and the Center for Sleep Medicine, The Valley Health Hospital</td>
</tr>
<tr>
<td>Jamie Sullivan</td>
<td>Vice President of Public Policy &amp; Outcomes, COPD Foundation</td>
</tr>
<tr>
<td>Jean Ryan</td>
<td>Hackensack Meridian Health</td>
</tr>
<tr>
<td>Joe Goss, MSJ, RRT, AE-C</td>
<td>Director of Clinical Education, Bergen Community College</td>
</tr>
<tr>
<td>Joe Morrison, CEO</td>
<td>Right2Breathe</td>
</tr>
<tr>
<td>Margie Latrella, RN, MSN, APN-C</td>
<td>Transition of Care APN, Pulmonary, St. Joseph's Healthcare System</td>
</tr>
<tr>
<td>Megan Hennessy, RRT, BA</td>
<td>Cardiopulmonary Manager, Stratford Division of Kennedy Health</td>
</tr>
<tr>
<td>Michele Dasilva, BA, RRT-NPS</td>
<td>United Methodist Communities and New Jersey Society of Respiratory Care</td>
</tr>
<tr>
<td>Rachel Morales, RRT</td>
<td>Asthma Program Coordinator, St. Joseph’s Healthcare System</td>
</tr>
<tr>
<td>Rowan Pradgat, MS, RRT, NPS, CPFT, CTTS</td>
<td>Educator, Respiratory Care, The Valley Hospital</td>
</tr>
<tr>
<td>Ruthanne Braddock</td>
<td>System Director, St. Joseph’s Healthcare System</td>
</tr>
<tr>
<td>Sharon Jones, MS,RN-BC, CCRN</td>
<td>Clinical Nursing Ocean Medical Center</td>
</tr>
<tr>
<td>Tiana Grieco, APN</td>
<td>The Valley Health Hospital</td>
</tr>
</tbody>
</table>
The creation of *The Strategic Action Plan to Address COPD in New Jersey* is the result of collaboration between the American Lung Association in New Jersey and a group of 20 stakeholders who served on the New Jersey COPD Strategic Planning Committee. In an effort to raise awareness and address this public health priority, the New Jersey stakeholders group was convened in August 2016 and was tasked with developing a plan that could serve as the roadmap to address COPD in New Jersey. In addition, the plan will help to address the COPD burden on New Jersey and to maximize local, state, and national resources to help raise awareness and affect change for the more than 451,000 residents who are struggling with COPD. *The Strategic Plan to Address COPD in New Jersey* was funded by a grant from Glaxo Smith Kline in 2016.

A statewide needs assessment of COPD programs and policies in the state was conducted to help formulate the COPD strategic action plan. The ultimate goals of *The Strategic Action Plan to Address COPD in New Jersey* 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 Strategic Action Plan to Address COPD in New Jersey* identifies strategies and implementation methods to address these five goals:

- **Surveillance and Evaluation**: Improve collection, analysis, dissemination, and reporting of COPD-related public health data in New Jersey.
- **Public Health Research, Prevention and Treatment Strategies**: Improve understanding of COPD risk factors, prevention, and treatment; provide guidelines and support for health care providers to correctly identify and treat COPD through the continuum of the disease. Improve awareness for the further prevention of COPD through decreasing tobacco and toxic vapor (e-cigarette) use.
- **Programs and Policies**: Increase effective collaboration among stakeholders with COPD-related interests. Improve patient care and outcomes and coordinate COPD advocacy efforts through education and engagement. Improve awareness among health insurance companies about improving access to medications for patients with COPD.
- **Communications**: Heighten awareness of COPD among a broad spectrum of stakeholders and decision makers. Increase the awareness among the public and health care providers of the symptoms and risk factors of COPD through COPD advocacy efforts through education and engagement.
- **Sustainability for the Coalition**: Obtain resources for sustainability of the Coalition to help implement educational programs set forth by the COPD strategic action plan.

The New Jersey COPD Coalition includes volunteers from several statewide organizations, health care professionals, educators, researchers, industry representatives, community members, and their caregivers. The Strategic Action Plan will serve as a framework to move New Jersey forward in focusing public awareness on this important lung disease that affects more than 451,000* residents in New Jersey.
In 2015, S2459, sponsored by Senator Robert Singer (R-Monmouth, Ocean) to raise awareness and combat Chronic Obstructive Pulmonary Disease (COPD) was signed into law by Governor Chris Christie.

Senator Singer’s bill ignited an aggressive effort to fight COPD by creating an 11-member task force to investigate strategies to promote awareness on the importance of early diagnosis and treatment. The task force will also study the resources that are used statewide to combat COPD and determine the best way to improve the quality and accessibility of community-based services for those living with this disease.

The 11-member task force will include: the Commissioners of Health and Human Services, or their designees, serving ex-officio; one member of the Senate to be appointed by the Senate President and one member of the General Assembly to be appointed by the Speaker of the General Assembly; two public members who represent the health care industry in the State of New Jersey, one of whom will be appointed by the Senate President and one of whom will be appointed by the Speaker of the General Assembly; and five public members appointed by the Governor. The public members appointed by the Governor will include: one member who represents the American Lung Association in New Jersey; one member who has been diagnosed with COPD; one member who is a pulmonologist with experience in diagnosing persons with COPD; one member who is a respiratory therapist with experience in treating persons with COPD; and one member who represents the health care industry in the State of New Jersey. The members will serve without compensation, but may be reimbursed for any expenses incurred in the performance of their duties, subject to the availability of funds.

The task force will report to the Governor and the Legislature on its findings, recommendations, and activities no later than one year after its organization, and the taskforce will expire upon the issuance of its report.
Chronic obstructive pulmonary disease (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.

COPD is a common preventable and treatable disease, characterized by persistent airflow limitation that is usually progressive and associated with an enhanced chronic inflammatory response in the airways and the lung to noxious particles or gases. Exacerbation and comorbidities contribute to the overall severity in individual patients. This definition does not use the terms chronic bronchitis and emphysema, and excludes asthma (reversible airflow limitation). Symptoms of COPD include: dyspnea, chronic cough, and chronic sputum production. Episodes of acute worsening of these symptoms (exacerbations) often occur. Spirometry is required to make a clinical diagnosis of COPD; the presence of a post-bronchodilators FEV1/FVC < 0.70 confirms the presence of persistent airflow limitation and thus COPD. (GOLD 2016).

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. COPD affects an estimated 451,000 New Jersey residents and is the fourth 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 percent) to deaths from chronic lower respiratory diseases and the third leading cause of death in the United States.²

New Jersey Mortality Rates and Trends

Age-adjusted chronic lower respiratory diseases (CLRD) mortality in New Jersey decreased from 30.3 to 27.2 deaths per 100,000 persons between 2006 and 2014. However, the crude number of deaths increased over the same period due to the growing population size of the state, from 2,832 deaths in 2006 to 3,016 deaths in 2014.³

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 U.S. adults, the 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 percent versus 5.3 percent), 2) having an activity limitation caused by health problems (49.6 percent versus 16.9 percent), 3) having difficulty walking or climbing stairs (38.4 percent versus 11.3 percent), or 4) using special equipment to manage health problems (22.1 percent versus 6.7 percent), compared to adults without COPD. Healthy People 2020 identified several COPD-related objectives, including the reduction of activity limitations among adults with COPD.⁶
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. 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.

Hospitals are subject to financial penalties from CMS if 30 day readmission rates for Medicare patients with COPD exceed the hospital’s established threshold.

U.S. 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 2010, aggregate cost for COPD treatment in a hospital was $6.5 billion with an average cost of $7,400 per stay, at a mean of 4.8 days in duration.

New Jersey Hospital Utilization Patterns: between 2013 and 2015, there were 90,168 inpatient hospitalizations, or an age adjusted rate of 29.8 per 10,000 people, for procedures related to the patients’ primary diagnosis of COPD. Of New Jersey patients who reported a diagnoses of COPD in 2011, 78.6 percent had a breathing test to diagnose their COPD; 53.8 percent reported that their shortness of breath affected their quality of life; 52.9 percent had seen a doctor within the past 12 months about their COPD or shortness of breath; 19.2 percent were hospitalized or visited an ER within the past month because of their COPD; and 41.0 percent took at least one COPD medication daily.

Symptoms and Diagnosis of COPD

- 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.

- Exacerbation of COPD – GO TO A PULMONOLOGIST if any of these symptoms occur: More than usual shortness of breath, increased cough, change in color or thickness of sputum. Inability to do your usual activities. Disrupted sleep due to breathing. Fevers, chest discomfort, painful breathing, decreased appetite. Minimal or no relief with your usual medications or the need for extra dosing of your medications.

- 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: History of exposures and/or symptoms consistent with COPD. Evaluation of lung function using a stethoscope to hear lung sounds, change in chest dimensions and expansion, respiratory muscle hypertrophy or increased accessory muscle use, pulmonary function testing or spirometry to measure lung function and capacity, 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

There is no cure for COPD, which may require lifelong management. Some damage to lung tissue may be irreversible, however, smoking cessation and other interventions have been demonstrated to improve lung function, slow decline and delay the need for home oxygen and/or hospitalization. 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 (in the workplace or home) must be avoided. These include, but are not limited to, secondhand smoke, e-cigarettes and vaporizers, asbestos and other particulates, wood-burning fires, radon, et cetera. Cough and hand hygiene can make a dramatic difference in the prevention of infections and exacerbations.

• **Diet and Lifestyle:** A healthy, well-balanced low-moderate carbohydrate diet is important. Patients who are overweight benefit from weight reduction. Patients with difficulty breathing may have high demand for energy by the respiratory muscles and may become underweight. These patients will benefit from supplemental nutrition (ie, instant breakfast shakes, liquid and pudding oral supplements). All patients benefit from daily exercise and mobility as this improves the respiratory muscle strength and the removal of secretions.

• **Vaccinations:** All patients who may receive vaccines should be vaccinated for pertussis, pneumonia and influenza according to current CDC guidelines.

• **Medication:** Therapeutic options for patients with COPD are outlined in the GOLD Guidelines (Global Initiative for Chronic Obstructive Lung Disease). Guidelines suggest inhaled bronchodilators, anticholinergics (ex. ipratropium, tiotropium) or beta agonists (ex. formoterol, salmeterol), to open the airways early in the disease process and addition of anti-inflammatory medications, inhaled corticosteroids (ex. beclocromethasone, fluticasone) or phosphodiesterase inhibitors to reduce lung inflammation, medications (theophylline, roflimulast). The device used to administer medications should also be assessed to ensure that the patient has the respiratory capacity for appropriate drug delivery (ie, inhalers, elliptas, autoinhalers, nebulizers). Patients should be formally educated and evaluated on correct device usage, storage and disposal. In addition, patients with COPD should receive influenza vaccines and pneumococcal vaccines based on the recommendations given from the Centers for Disease Control (CDC). Mucolytics may also be of benefit to some patients. Chronic oral steroids and/or narcotics are reserved for severe and intractable dyspnea. Medications should be escalated or descaled based on patient response which can be assessed clinically and/or with the assistance of symptoms scoring (ie, CAT scoring – GalaxoSmithKline). Physicians should be encouraged to formulate and review symptoms if an exacerbation of COPD with their patients and establish triggers to seek medical attention (i.e., call physician, come for visit, or go to the ER).

Surgical Intervention

In some cases, surgery is needed to remove diseased lung tissue; lung transplant, endobronchial treatments and/or lung reduction may benefit the most severe 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, high flow nasal cannula, Bi-level Positive Airway
Pressure (BiPAP), or endotracheal tube; in addition, antibiotics may be used to avoid or shorten infections.

- **Emergency Treatment:** Patients with respiratory failure and/or arrest will require treatment in an Intensive Care Unit. Patients may require placement on a noninvasive ventilator device or to be intubated and receive mechanical ventilation. Severe patients with reversible illness may be placed on extracorporeal membrane oxygenation support (ECMO) or artificial lungs.

**Advanced Directives**

All patients with COPD should be encouraged to appoint a next of kin and discuss their wishes with their family and their physician. A POLST (patient-order for life-sustaining treatment) can be completed at no cost and placed with their medications at home, with a copy to their physician and on file with the hospital to ensure that there directives are followed.

**Research**

Patients who wish to be involved in research on COPD should be referred to clinical trials. Most studies can be accessed via the website www.clinicaltrials.gov.

**Impact of COPD on Health/Management of COPD**

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 important that patients are able to afford the medications and use them correctly. They may be prescribed a medication, but not know how to use it appropriately, causing an exacerbation and admission to the hospital. Management of COPD 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. Quitting "cold turkey," use of varenicline, bupprion, and/or nicotine have been found to be an effective methods, as well as participation in support groups. In New Jersey cessation resources are available to residents such as 1-866-NJSTOPS or 1-800-LUNGUSA. The state of NJ sponsors the NJ Quitline with both a website and telephone access.

- **Pulmonary Rehabilitation:** COPD patients should consider participation 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 and improve their quality of life.
• **Home Environment:** Modifications that will increase function include avoidance of very cold air, removal of all sources of smoke from the home (particularly second-hand tobacco smoke), and reducing air pollutants from fireplaces and other sources. Evaluate homes more than 100 years old or in high risk areas for radon.

• **Maintain Health:** Other aspects of health can be enhanced, including an improved diet (lean proteins, fruits, vegetables, and more calories if needed).

• **Stress Reduction:** It is imperative that the mental health aspects of COPD be addressed. The presence of a progressive, activity-limiting disease such as COPD can be stressful for the patient, family, and friends. The patient may also feel stigma related to a disease caused predominantly by smoking. Support groups are one means of sharing experiences and solutions and addressing the mental health components of COPD. Patients who experience anxiety due to their breathing should be offered anxiolytics and also assessed for depression.

• **Continuing and End-of-Life Care:** Since COPD is a progressive disease with significant impact on lifestyle and 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 likely to be needed. Patients should be assured that they will not need to suffer at the end of life and that medications are available to alleviate air hunger.

There is no known cure for COPD, but much can be done to treat and help manage the disease, especially if it is found early. According to the GOLD (Global Initiative for Chronic Obstructive Lung Disease) guidelines, the goals of COPD treatment and management for patients are 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.  

The remainder of this document includes the goals, objectives, and strategies set forth by *The Strategic Action Plan to Address COPD in New Jersey.*
Surveillance and Evaluation

Improve collection, analysis, dissemination and reporting of COPD-related public health data in New Jersey

**Goal:** Improve the collection, analysis, dissemination and reporting of COPD-related public health data (CDC) in New Jersey.

**Rationale:** A significant number of COPD patients are misdiagnosed and proper treatment is not implemented. Through the creation of a surveillance system to track the percentage of COPD diagnoses, measure the impact that the disease has on New Jersey’s economy, and track mortality and morbidity of COPD in New Jersey, we will be able to better understand and address COPD earlier.

**Strategy:** Implement and measure metrics to determine the educational impact on prevention, diagnosis and treatment of COPD.

**Action Steps:**

- Identify data sources and determine how to analyze the current COPD data that is available in New Jersey
- Define disparities within the state of New Jersey
- Ensure that COPD questions continue to be included on the Behavioral Risk Factor Surveillance Survey (BRFSS)
- Review hospital readmission rates and identify best practices for lowering readmission of COPD patients
- Increase outreach efforts on reporting on a local and state health departments focusing reporting from primary care providers and emergency room providers
- Establish a statewide system to determine baseline measurements for the following metrics:
  - Incidence rate
  - Spirometry rates
  - COPD admissions and readmissions
  - Emergency Department visits
  - New pulmonary rehabilitation referrals
  - COPD pharmacotherapy utilization
- Monitor the prevalence and incidence of COPD at national, state and local levels as it pertains to New Jersey
Public Health Research, Prevention and Treatment Strategies

Improve the understanding of COPD prevention, diagnosis and treatment

Goal: Increased awareness of health care providers will help ensure that patients are treated with the appropriate treatment plan and treated more effectively.

Rationale: Management of the disease can be more effective if it is found early. The implementation of the 2016 GOLD COPD Guidelines (Global Initiative for Chronic Obstructive Lung Disease) guidelines, the goals of COPD treatment and management for patients, are 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. Early detection of the disease is critical and the use of spirometry in clinical care has been demonstrated to significantly improve early detection of COPD.18 Of course, with 80–90 percent of all COPD caused by cigarette smoking, it is imperative that resources be leveraged to prevent individuals from starting to smoke.

Strategy 1: Develop a comprehensive health care provider education curriculum for the detection and treatment of COPD.

Action Steps:

• Provide educational materials that includes information about, but not limited to, the following topics:

  What is COPD?
  – Definition of the disease
  – Risk Factors
  – Epidemiology
  – Pathophysiology
  – Diagnostic criteria

  COPD Burden in New Jersey
  – Incorporation of NCQA Hedis Measures
  – Establish a trigger for pulmonary rehab, smoking cessation, and referral to a pulmonologist with the Electronic Medical Records (EMR) systems
  – COPD included in community health assessments (CHA)
  – Prevalence /Incidence
  – Demographics
  – Costs – Direct and Indirect, economic impact
  – Morbidity – co-morbidities
  – Mortality
Diagnosing COPD – Avoiding Misdiagnosis
– Key indicators for considering a diagnosis of COPD
– GOLD 2017 (Global Strategy for the Diagnosis, Management and Prevention of COPD Guidelines)*
– Importance of differential diagnosis e.g., COPD versus asthma, congestive heart failure, tuberculosis, bronchitis, and other acute diseases

Preventing Misdiagnosis of COPD
– Increase and improve use of spirometry for diagnosis, risk stratification, and monitoring
– Appropriate candidates for screening using spirometry; when is spirometry indicated
– Training to correctly perform spirometry
– Billing and coding issues that lead to the misdiagnosis of the disease
– Bronchodilator reversibility testing
– Chest X-Ray availability and use
– Arterial blood gas measurement use
– Alpha-1 antitrypsin deficiency screenings
– Referral to Pulmonologist

Treatment and Management
– Initiate comprehensive COPD Management Program
– Assess and monitor disease
– Reduce risk factors
– Manage stable COPD
– Patient education
– Pharmacologic treatment
– Non-pharmacologic treatment
– Transitions of Care
– Manage exacerbations
– Resources to support patient’s behavioral health
– Research into outcomes for COPD patients with different treatments

Continuity of care
– Availability and utilization of telemedicine
– Statewide resources available
– Identify pulmonary specialists and pulmonary rehab facilities throughout the state
– Smoking prevention and cessation programs
– Pulmonary rehabilitation
– Dietician services
– Health care plans develop guidelines and measures for COPD
**Strategy 2: Implement an educational initiative utilizing the COPD curriculum.**

**Action Steps:**

- Identify all healthcare providers required to complete continuing education for re-licensure
- Coordinate with the Department of Health Professions to recommend and implement COPD CME for re-licensure
- Coordinate with the New Jersey Association of Health Plans to require and implement COPD CME for primary care, general practitioners, and internal medicine certification by health plans
- Coordinate with state schools of medicine and effected health care professionals to require and implement aforementioned COPD curriculum in standard educational requirements
- Administer continuing education through health care professional associations/organizations
- Create or identify a website where the webinars may be accessed

**Strategy 3: Prevent the development and slow down the progression of COPD.**

**Action Steps:**

- Promote evidence based programs throughout New Jersey that are successful with treatment of COPD
- Raise awareness to the importance of incorporating the mental health component when addressing COPD
- Promote tobacco prevention through multiple demographics including youth specific programs
- Promote cessation resources
- Adopt comprehensive smoking cessation treatment coverage throughout New Jersey to decrease exposure to second hand smoke
- Decrease exposure to particulate matter (air pollution) by supporting the clean air act
- Decrease exposures to vapors, gases, dusts, and fumes associated with the development of COPD by encouraging employers in high risk industries to promote respiratory health
- Develop additional materials for outreach to racial, ethnic minorities, rural and low income populations
- Encourage patients to attend pulmonary rehabilitation
Goal: Partner with the Governor’s COPD Task Force with an ultimate goal of creating a public health infrastructure within the state public health systems.

Rationale: COPD is a public health priority for COPD patients, caregivers and providers. Fortunately, in New Jersey the establishment of the COPD Task Force creates an opportunity to engage a collaboration between medical organizations, patient advocacy groups, government agencies, and policy makers to reduce the prevalence of COPD in New Jersey.

Strategy 1: Engage local, state, and federal stakeholders to address COPD.

Action Steps:
- Engage the COPD Task Force to include COPD as part of the health priority in New Jersey
- Engage the US Preventive Services Task Force (USPSTF) to conclude that there is at least moderate certainty that screening for COPD using spirometry is effective
- If USPSTF assigns an A or B to spirometry, create state regulations for Medicaid and commercial insurance carriers to cover COPD screenings
- Designate a staff person responsible for COPD within the Department of Health
- Advocate for smoking prevention and cessations programs throughout New Jersey
- Request general funds to support educational efforts around the treatment and diagnosis for COPD

Strategy 2: Create a COPD toolkit for legislators and policymakers that combines education about COPD that advocates funding for broad based COPD education, screenings, and awareness initiatives.

Action Steps:
- Designate several legislative champions for COPD
- Create COPD toolkits for advocates to use with legislators
- Coordinate legislative efforts with patient advocacy groups
- Identify those who will use the toolkit in the education of legislators and policymakers, to include champions in the legislature
- Develop and host advocacy training for COPD patients
- Coordinate visits between COPD patient advocates and legislators
- Engage local and state elected officials through the use of proclamations and resolutions recognizing November as COPD National Awareness Month
- Showcase human interest stories of how many lives COPD touches in the state of New Jersey
- Develop a COPD speakers bureau for communities, businesses, schools and partnering agencies
- Raise awareness about the rise of COPD in women
- Engage clinicians to aid in public COPD screening events
Goal: Increase the awareness among the public and healthcare providers of the symptoms and risk factors of COPD.

Rationale: Raising public awareness of COPD promotes the ability of the affected population to recognize the disease symptoms and consequences of the disease earlier, thereby increasing the chances they will seek appropriate healthcare interventions. It is hoped that as the public becomes more aware of the disease, there will be an increase in the demand for regular surveillance and enhanced public health interventions.

Strategy 1: Designate a site where the COPD Coalition’s materials will be located to serve as the designated electronic COPD resource center/website.

Action Steps:

- Collaborate on content development with both local and national COPD advocacy groups
- Develop materials as a reflection of the New Jersey’s COPD Coalition

Strategy 2: Create an awareness action plan to disseminate COPD information to every member of the community.

Action Steps:

- Identify trusted members of each community to disseminate COPD information for patients and caregivers
- Assure network infrastructure equally reaches all demographics including rural and low income communities
- Work with nontraditional partners such as churches, senior centers, schools, etc. to reach all demographics

Strategy 3: Disseminate both print and electronic COPD educational resources.

Action Steps:

- Identify entities that provide educational resources including, but not limited to, pharmaceutical companies, managed care organizations, disease state management companies, patient advocacy groups, durable medical equipment providers, pharmacies, and others
- Ensure educational materials contain a comprehensive educational review of the disease and its management
- Develop a resource database
- Utilize the network/infrastructure created for community coordination and advocacy for dissemination of educational resources
- Utilize website as another vehicle for the distribution of educational resources
**GOAL 5**

**Sustainability**

Obtain resources for sustainability of the Coalition

**Goal:** Obtain resources for sustainability of the Coalition and to help implement educational program set forth by *The Strategic Action Plan to Address COPD in New Jersey*.

**Rationale:** Continuation of stakeholder involvement and input is necessary to keep momentum in achieving the goals set forth by *The Strategic Plan to Address COPD in New Jersey*. In order to assess the overall success of the State Plan as a whole, the Stakeholders recommended that the following measures be conducted and results evaluated. The ultimate measure of the overall success of the plan will be realized through the reduction of the number of New Jersey residents diagnosed with COPD and an improvement in the quality of life of those already living with the disease. The success of *The Strategic Plan to Address COPD in New Jersey* should be measured by the following:

- Decrease COPD-related mortality over time, as measured by New Jersey’s state mortality data
- Promote access to preventive programs and funding dedicated to improving the treatment of the disease
- Decrease in the number of hospitalizations due to COPD, as measured by New Jersey’s hospitalization data

**Strategy 1: Convene a statewide COPD coalition.**

**Action Steps:**

- Hold an annual meeting to conduct an overview of the current outcomes of the action plan and provide additional comment on how to improve outcomes in all recommended goal areas
- Hold a meeting for Pulmonologists and Pulmonary fellows for COPD
- Join the Medical Society of New Jersey and New Jersey Hospital Association meetings
Potential COPD Partners:

• American Lung Association in New Jersey
• Coalition to Improve Diagnosis
• Community Visiting Nurses Association in New Jersey
• COPD Foundation
• Electronic health record vendors (ie, EPIC)
• Medical Society of New Jersey
• New Jersey Academy of Family Physicians
• New Jersey Association of Nurse Practitioners
• New Jersey Association of Physician Assistants
• New Jersey Department of Health
• New Jersey Hospital Association
• New Jersey Pharmacists Association
• New Jersey Society of Respiratory Care
• New Jersey Society for Clinical Social Work
• New Jersey State Nurses Association
• New Jersey Thoracic Society
• State College and University Schools of Pharmacy
• State College and University Schools of Medicine
• State College and University Schools of Nursing
• State College and University IT Departments
• Respiratory Therapy Schools
  – Atlantic Cape Community College
  – Bergen Community College
  – Brookdale Community College
  – County College of Morris
  – Rutgers - Newark
  – Rutgers - Stratford
  – Rutgers - Randolph

County College of Morris
• Right2Breathe
• Rutgers School of Health Professionals: Respiratory Therapy Program
• Pharmaceutical companies
• Managed Care organizations

Strategy 2: Distribute information regularly.

Action Steps:

• Create an avenue through the Coalition to distribute information on COPD policies, programs, and resources on a regular basis

• Combine resources of Stakeholders resulting in a comprehensive approach to COPD initiatives across New Jersey
REFERENCES


3. The New Jersey Department of Health's State eHealth Assessment Data (NJSHAD). Query Results for New Jersey Mortality Data 2014 – Age-adjusted Rates per 100,000 Standard Population. Retrieved from: https://www26.state.nj.us/doh-shad/query/result/mort/MortCntyICD10/AgeRate.html


15. Ibid


