

Addressing Chronic Obstructive Pulmonary Disease within Rural Hospitals

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National Advisory Committee On Rural Health and Human Services



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National Advisory Committee on Rural Health and Human Services

Addressing the Burden of Chronic Obstructive Pulmonary Disease (COPD) in Rural America

Policy Brief and Recommendations

December 2018

Meeting Locations

Central Meeting:
The Duke Endowment
Charlotte, NC

Day 2 Site Visit:
Happy Valley Medical Center
Lenoir, NC

September 10-12, 2018

Addressing the Burden of Chronic Obstructive Pulmonary Disease (COPD) in Rural America

COPD National Action Plan Goals

- 1 Empower people with COPD, their families, and caregivers to recognize and reduce the burden of COPD.
- 2 Improve the prevention, diagnosis, treatment, and management of COPD by improving the quality of care delivered across the health care continuum.
- 3 Collect, analyze, report, and disseminate COPD-related public health data that drive change and track progress.
- 4 Increase and sustain research to better understand the prevention, pathogenesis, diagnosis, treatment, and management of COPD.
- 5 **Translate national policy, educational, and program recommendations into research and public health care actions.**

Policy Recommendations

Recommendation 1

The Committee recommends the Secretary and the Department of Health and Human Services undertake a national campaign to educate rural primary care providers and individuals with COPD symptoms about rural-urban disparities in COPD outcomes with an emphasis on the need to do more screening and referral for effective treatments to help manage the disease.

Recommendation 2

The Committee recommends that prior to the next reevaluation of outpatient prospective payment rates, the Department of Health and Human Services consult with experts in pulmonary treatment to refine the definition of rehabilitation services and, in Medicare cost reports, confirm that there is adequate accurate data on this service to be used as a basis for the rate.

Recommendation 3

The Committee recommends the Secretary work with Congress to expand direct supervision of pulmonary rehabilitation to include physician assistants, nurse practitioners and other primary care providers under general supervision of a physician.

COPD Activities within Flex

- Developing resources for CAHs to address COPD
 - Information (webinars and podcasts)
 - Manual to assist with implementing COPD services including prevalence, diagnosis, treatment, billing, technology and workforce
- Highlighting existing models that work

Questions?

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