

# The Chronic Obstructive Pulmonary Disease (COPD) Dilemma and How You Can Make a Profound Impact!

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# Just the COPD Stats, Please

- ▶ COPD is the third leading cause of death by disease in the United States.
- ▶ More than 11 million people have been diagnosed with COPD.
- ▶ According to Centers for Disease Control and Prevention (CDC) data, costs attributable to having COPD were \$32.1 billion in 2010 with a projected increase to \$49.0 billion by 2020.

# How Flex Coordinators can help

Flex program coordinators play an integral part of assisting rural constituents to receive quality patient care through various resources. These resources include evidence-based material to providers in Critical Access Hospitals (CAH), Rural Health Clinics (RHC), and other provider networks.

# **Distribution of the COPD Manual**

Flex Coordinators can distribute the COPD Manual to all their CAHs, RHCs, and rural providers.

# **COPD Resource Manual**

The COPD Manual's purpose is to raise awareness of COPD, and most importantly, to assist COPD patients and clinicians with maximizing optimal patient outcomes. The COPD Manual is in alignment with the National COPD Action Plan's goals.

# National COPD Action Plan's goals:

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

## **How You Can Help!**

As an esteemed Flex Coordinator, you can help diminish the COPD crisis in the United States through sharing the COPD Manual. You can make a difference one breath at a time!

# Pennsylvania's COPD Efforts

- ▶ Assist all CAHs with the implementation of robust COPD educational folders for patients
- ▶ Discussion with CAH Leaders and Quality Improvement directors of the Center for Medicare and Medicaid's national COPD initiatives and goals
- ▶ PORH will be collaborating with the PA Department of Health to assist CAHs in prevention and management activities for COPD.



# A Patient's Perspective

- ▶ 40 year-old male with COPD
- ▶ Past medical history: post-traumatic stress disorder, ETOH, smoker since age 16, one pack per day for 24 years, depression, anxiety, familial tendency, and polypharmacy (currently taking over 17 medications for COPD)
- ▶ More than 60 hospitalizations within five years, four admissions to Drug/ETOH rehabilitation
- ▶ Social history: father of four boys, one daughter, military veteran with 10 years of active service, previously worked as a police officer and railroad engineer

# What it's like to have COPD

- ▶ “Sis, I hope you never have to know or experience it, it is pure hell on earth.”
- ▶ One minute you feel fine and one minute it feels like someone took a syringe and sucked out all the air in your lungs, creating significant chest pressure and pain.
- ▶ It feels like your brain is always in constant stupor because you lack the oxygen it needs.
- ▶ The nicotine is extremely addicting, and nothing completely breaks the addiction to it.

# Provider's Perspective

- ▶ The approach to treating COPD patients is multifactorial
- ▶ Requires an elaborate systematic approach to treat all aspects of the disease
- ▶ Very important to take your time with patients, they become short of breath with just simple tasks such as communication.
- ▶ Assist patients with understanding all aspects of COPD in layman's terms
- ▶ Offer options for quitting smoking, medication education and how to properly use an inhaler, non-medicinal ways to handle stress
- ▶ Offer expert consultation for patients who may require medicinal approaches to anxiety and depression management
- ▶ Utilize motivational interviewing to educate and empower the COPD patient and most importantly to remain non-judgmental



Any Questions?