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INFORMATION



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

Housekeeping

- Q & A to follow – Submit questions using Q&A area
- Slides are available at <https://www.ruralhealthinfo.org/webinars/nacrhhs-update-on-copd>
- Technical difficulties please call 866-229-3239



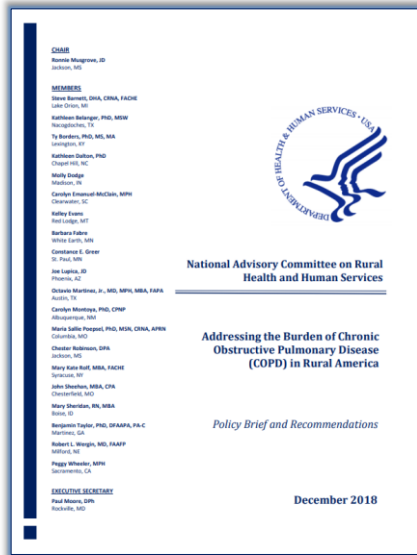
Addressing the Burden of Chronic Obstructive Pulmonary Disease (COPD)

Policy Brief Webinar

March 14, 2019

Background on the Committee

- The Committee is a federally chartered independent citizens' panel whose charge is to advise the Secretary of HHS on issues related to how HHS and its programs can better serve rural communities.
- Chaired by former Mississippi Governor, Ronnie Musgrove, the Committee members' experience and expertise cover a wide range of rural health and human services issues.



The Committee meets twice a year to:

- Examine important issues that affect the health and well-being of rural Americans
- To hear directly from rural stakeholders in healthcare and human services

Following each meeting, the Committee produces policy briefs to the HHS Secretary with recommendations on policy or regulatory matters that are within the Secretary’s purview.

Committee’s Policy Briefs:

<https://www.hrsa.gov/advisory-committees/rural-health/publications/index.html>

Why COPD?

- In 2015: age-adjusted prevalence of doctor-diagnosed COPD among rural counties was nearly twice as high (8.2%) as that of urban areas (4.7%).

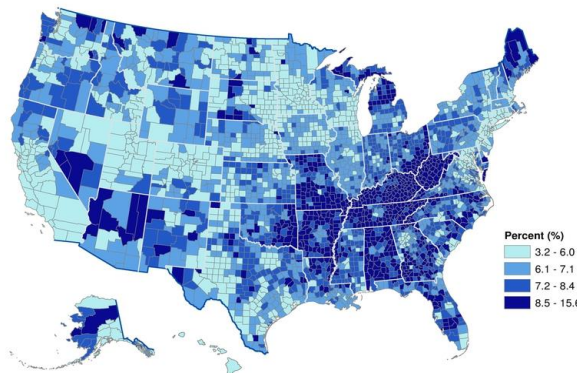


Figure: Unadjusted prevalence of COPD among adults ages 18+, by county – United States, 2015¹¹

Why COPD?

- In 2015: age-adjusted prevalence of doctor-diagnosed COPD among rural counties was nearly twice as high (8.2%) as that of urban areas (4.7%).^[1]
- Higher estimated COPD prevalence among rural, poor communities, suggesting that rural residence and poverty are independent COPD risk factors.^[2]
- Rural-related Risk Factors
 - Higher rates of smoking among adults^[3] and exposure to secondhand smoke among children^[4]
 - Environmental and occupational exposures (e.g., farming, coal mining)
- Barriers accessing care (e.g., lack of transportation, lack of access to pulmonologists).

^[1] Croft, Janet B., et al. "Urban-rural county and state differences in chronic obstructive pulmonary disease – United States, 2015." MMWR Report, 67.7 (2018): 205-211. DOI: [10.15585/mmwr.mm6707a1](https://doi.org/10.15585/mmwr.mm6707a1)

^[2] Raju, Sarath, et al. "Rural residence and poverty are independent risk factors for COPD in the United States." *American Journal of Respiratory and Critical Care Medicine*. (2018). DOI: [10.1164/rccm.201807-1374OC](https://doi.org/10.1164/rccm.201807-1374OC)

^[3] Meit, Michael, et al. "The 2014 rural-urban chartbook." Report. (October 2014). Rural Health Reform Policy Research Center. Retrieved from <https://ruralhealth.und.edu/projects/health-reform-policy-research-center/pdf/2014-rural-urban-chartbook-update.pdf>

^[4] Vander Weg, Mark W., et al. "Tobacco use and exposure in rural areas: Findings from the Behavioral Risk Factor Surveillance System." *Addictive Behaviors*, 36.3 (2011): 231-236. DOI: [10.1016/j.addbeh.2010.11.005](https://doi.org/10.1016/j.addbeh.2010.11.005)

Webinar Speakers



Ronnie Musgrove, JD

Chair | National Advisory Committee on Rural Health and Human Services
Former Governor | State of Mississippi



Antonello (Tony) Punturieri, MD, PhD

Program Director | Division of Lung Diseases
National Heart, Lung, and Blood Institute (NHLBI) | National Institutes of Health



Kathleen Dalton, PhD

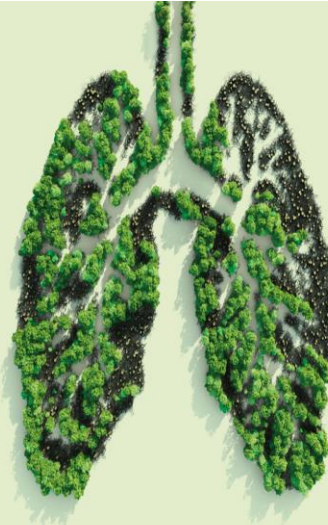
Committee Member | National Advisory Committee on Rural Health and Human Services
Retired Research Faculty | Department of Health Policy and Administration
University of North Carolina's School of Public Health



Grace Anne Dorney Koppel, MA, JD

President | Dorney-Koppel Foundation
Past President | COPD Foundation

Rural-Urban Disparities in COPD Outcomes and the COPD National Action Plan



Antonello (Tony) Punturieri, MD, PhD
 National Heart, Lung, and Blood Institute (NHLBI)
 National Institutes of Health (NIH)
 US Department of Health and Human Services



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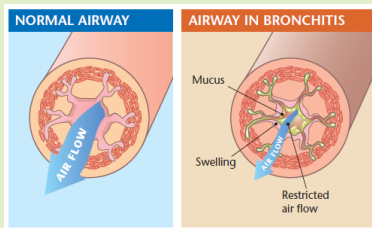
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What is chronic obstructive pulmonary disease (COPD)?

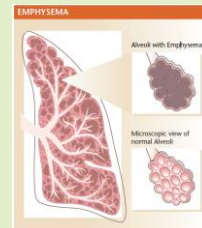
It is a preventable and treatable disease that makes it difficult to empty air out of the lungs.

Airflow obstruction can lead to shortness of breath or feeling tired because the affected individual is working harder to breathe (to maintain adequate oxygen levels).



COPD is a term that includes chronic bronchitis and emphysema.

In most patients there is a combination of both conditions.



Asthma is also a disease where it is difficult to empty the air out of the lungs, but asthma is not included in the definition of COPD. A person with COPD can frequently have some degree of asthma.

Source:
<http://www.thoracic.org/patients/patient-resources/resources/copd-intro.pdf>



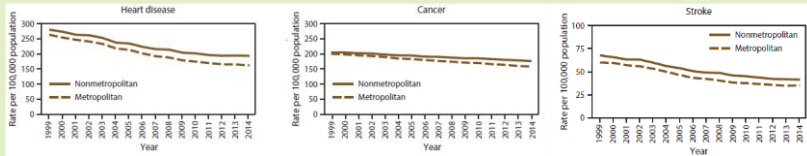
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US Deaths for five leading causes in nonmetropolitan and metropolitan areas 1999–2014



Source: Moy et al. *MMWR* / January 13, 2017 / Vol. 66 / No. 1
MMWR Rural Health Series



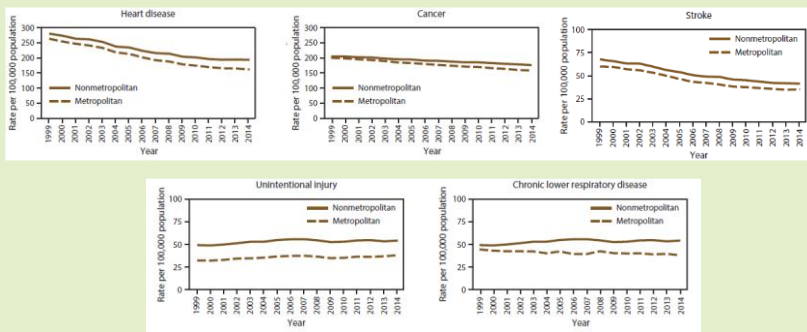
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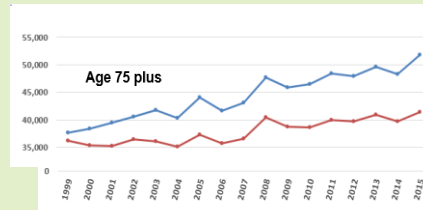
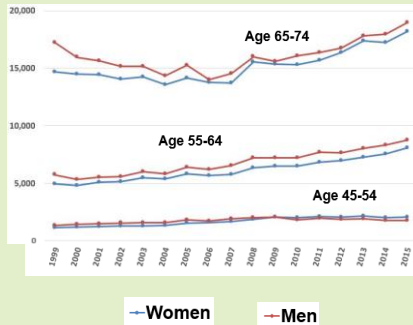
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Burden of COPD: Fourth leading cause of death in the U.S. after heart disease, cancer, accidental deaths



More than 160,000 people died from COPD in 2017: 54% women

Source: CDC Wonder



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Burden of COPD

- **4th main cause of disability**
 - ❑ Nearly \$32 billion went to COPD-related care in 2010
- **Nationwide prevalence is 6.5%**
 - ❑ 16 million people have been diagnosed with COPD
 - ❑ Millions more don't know they have it
 - ❑ Rural populations had the greatest risk in 2015



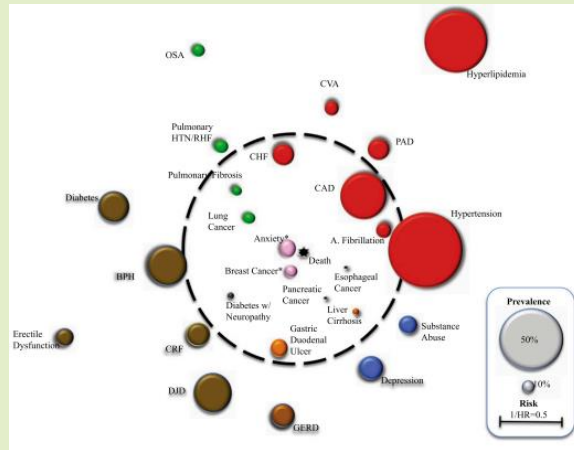
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**Burden of COPD:
80% of COPD patients have at least one more comorbid chronic condition**



Source: Divo et al. 2012, AJRCCM



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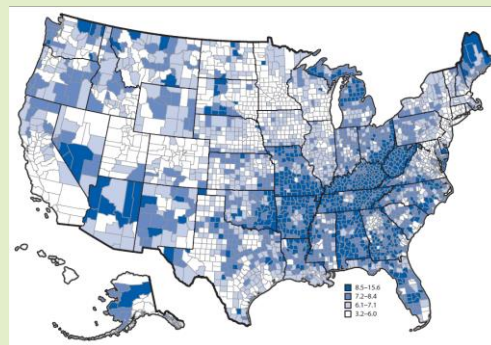
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A CDC-NHLBI partnership put COPD on the map

The Behavioral Risk Factor Surveillance System (BRFSS) gathers data at state and local levels

- ❑ Enables outreach efforts to be targeted on areas with high COPD prevalence
- ❑ Provides foundation to build focused state action plans



Prevalence of healthcare provider diagnosed COPD in the US (2015)

<https://www.cdc.gov/brfss/index.html>
<https://www.cdc.gov/copd/maps/index.html>

Source: Croft et al. MMWR / February 23, 2018 / Vol. 67 / No. 7



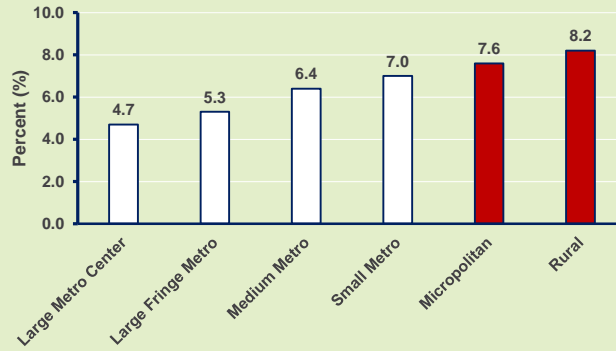
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Doctor-diagnosed COPD among adults is higher in rural settings (BRFSS 2015)



Source: CDC. *MMWR* 2018; 67(7): 205-211.

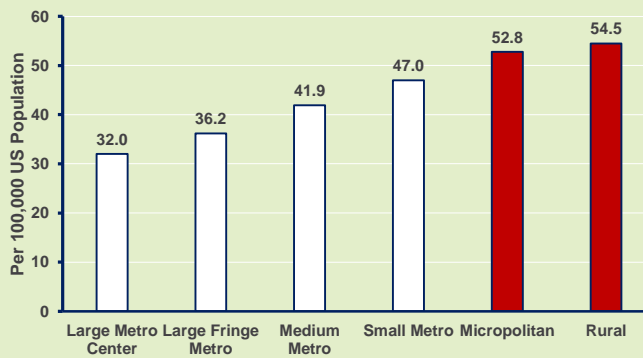


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Death rates for COPD are higher in rural settings (US Vital Statistics 2015)



Source: CDC. *MMWR* 2018; 67(7): 205-211.



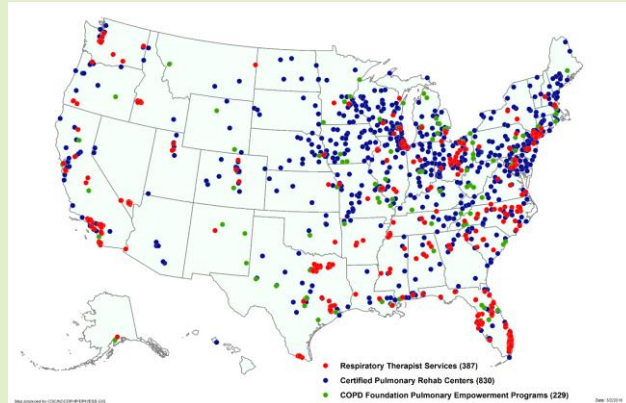
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Access to Pulmonary Rehabilitation: very limited especially in rural settings

92% of US adults in rural areas have access to a primary care physician within 10 miles.



Source: CDC. Unpublished pulmonary rehabilitation location data, 2015-2017.



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Patient-Provider Awareness Gaps for Adults with COPD

Adults with COPD symptoms in 2016

- Only 73% talked to physician about their symptoms
- Only 40% were given a breathing test (spirometry)

Primary Care Providers in 2016

- Only 71% evaluate COPD symptoms with spirometry
- Only 68% acknowledge pulmonary rehabilitation programs are available
- Only 38% routinely prescribe pulmonary rehabilitation for patients diagnosed with COPD



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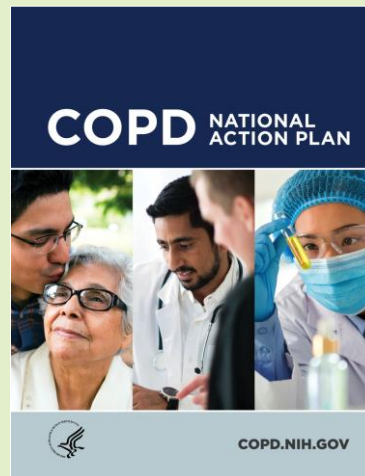
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The 2017 COPD National Action Plan

- First-ever
- Developed at the request of Congress with input from the broad COPD community
- Provides a comprehensive framework for action



Available at: <https://www.nhlbi.nih.gov/health-topics/education-and-awareness/COPD-national-action-plan>



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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.



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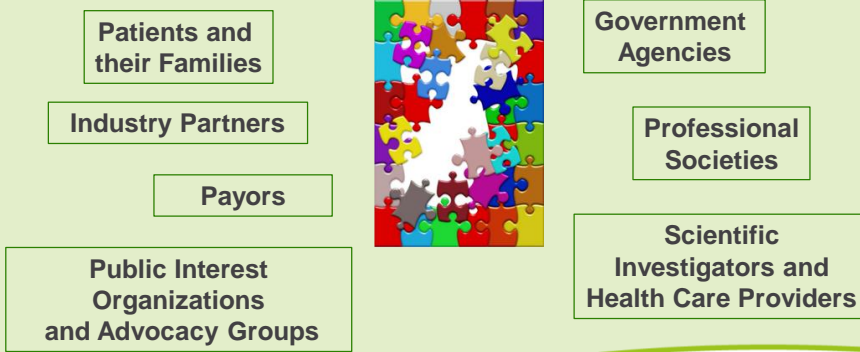
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Dissemination & Implementation

All COPD stakeholders own the plan and have an active role in its implementation



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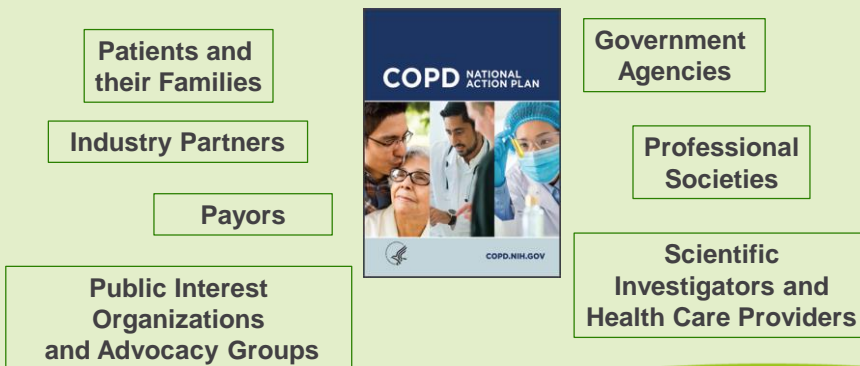


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COPD & Rural Health:



A Dialogue on the National Action Plan.

Join the livestream to participate!

Date: **03.19.18**
Time: **8:30 a.m. - 5:00 p.m. EDT**



#COPDRuralHealth


THE JOURNAL OF **RURAL HEALTH**


COMMENTARY

COPD and Rural Health: A Dialogue on the National Action Plan


Paul Moore, D.PH;¹ Graham T. Atkins, MD;² Stephanie Cramb, LMSW, CCM;³ Janet B. Croft, PhD;⁴ Lisa Davis, MHA;⁵ Rowena J. Dolor, MD, MHS;⁶ Daniel Doyle, MD;⁷ Maggie Elehwary, JD;⁸ Cara James, PhD;⁹ Alana Knudson, PhD;¹⁰ John Linnell;¹¹ David Mannino, MD, FCCP;¹² Jean M. Rommes, PhD;¹³ Akshay Sood, MD, MPH;¹⁴ Eric Stockton, BA;¹⁵ David N. Weissman, MD;¹⁶ Mike Witte, MD;¹⁷ Eugenia Wyatt, LMSW, CCM;³ William C. Yarbrough, MD;¹⁸ Barbara P. Yawn, MD, MSc;¹⁹ Lenora Johnson, DrPH, MPH;²⁰ Tom Morris, MPA;¹ James P. Kiley, MS, PhD;²¹ Neyal J. Ammary-Risch, MPH, MCHES;²⁰ & Antonello Punturieri, MD, PhD²¹

J Rural Health. 2019 Jan 24. doi: 10.1111/jrh.12346.





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Site Visit and Policy Recommendations

Kathleen Dalton, PhD

Committee Member | National Advisory Committee on Rural Health and Human Services
Retired Research Faculty | Department of Health Policy and Administration
University of North Carolina's School of Public Health

Site Visit: Happy Valley Medical Center



Stakeholders: COPD patients and health care providers from Lenoir and around the State.

Information about Lenoir, NC is provided by Wikipedia. Retrieved from https://en.wikipedia.org/wiki/Lenoir,_North_Carolina. Map provided by Google. Personal images taken of Happy Valley Medical Center in Lenoir, NC.



Site Visit Themes, Pt. I

- Importance of education for primary care providers and individuals with COPD symptoms
 - Decentralization of COPD expertise from tertiary care centers to the community level.
 - Primary care providers (e.g., physician assistants, nurse practitioners)
 - ☐ Frontlines of seeing and treating COPD
 - ☐ Need for training on how to diagnose COPD (e.g., how to use spirometry) and make treatment referrals
 - Individuals with COPD symptoms
 - ☐ Receiving information is empowering and much needed

Reference: Nicl, Linda, et al. "American Thoracic Society/European Respiratory Society statement on pulmonary rehabilitation." *American Journal of Respiratory and Critical Care Medicine*, 173 (2006): 1390-1413. DOI: 10.1164/rccm.200508-1211ST.

Site Visit Themes, Pt. II

- Value of pulmonary rehabilitation programs
 - Patients that undergo pulmonary rehabilitation have reported:
 - ☐ Improvements in exercise capacity, in health-related quality of life and in functional capacity; and
 - ☐ Reductions in hospitalizations, in unscheduled health care visits, and in symptoms of dyspnea and leg discomfort.^[5]
- Payment for pulmonary rehabilitation
 - Payer awareness of pulmonary rehabilitation is often poor^[5] and current funding streams are unsustainable.

^[5] Rochester, Carolyn L., et al. "An official American Thoracic Society/European Respiratory Society policy statement: Enhancing implementation, use, and delivery of pulmonary rehabilitation." *American Journal of Respiratory and Critical Care Medicine*, 192:11 (2015): 1373-1386. DOI: [10.1164/rccm.201510-1966ST](https://doi.org/10.1164/rccm.201510-1966ST).

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.

Referenced: [Medicare Access and CHIP Reauthorization Act of 2015 \(MACRA; P.L. 114-10\)](#)

Recommendation 2

The Committee recommends that prior to the next revaluation 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.

Referenced: [Medicare Improvements for Patients and Providers Act of 2008 \(MIPPA; P.L. 110-275\)](#)

For More Information

To find out more about the Committee, please visit our website at <http://www.hrsa.gov/advisorycommittees/rural/> or contact:

National Advisory Committee on Rural Health and Human Services
c/o Federal Office of Rural Health Policy
Health Resources and Services Administration
5600 Fishers Lane,
Rockville, Maryland 20857
P: 301-443-0835

Paul Moore (Executive Secretary): PMoore2@hrsa.gov
Steve Hirsch (Administrative Coordinator): SHirsch@hrsa.gov

Patient Perspective

Grace Anne Dorney Koppel, MA, JD

President | Dorney-Koppel Foundation

Past President | COPD Foundation

National Advisory Committee on Rural Health and Human Services

35

**3.5 million people living in rural counties
have been diagnosed with COPD.**

And hundreds of thousands
more don't know they have it.



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Source: 1. Pew Research Center, May 2018, "What Unites and Divides Urban, Suburban and Rural Communities"
2. Urban-Rural County and State Differences in Chronic Obstructive Pulmonary Disease — United States, 2015,
Janet B. Croft, PhD; Anne G. Wheaton, PhD; Yong Liu, MD, et al. MMWR Morb Mortal Wkly Rep 2016;67:205-211

ARE YOUR LUNGS TRYING TO TELL YOU SOMETHING?



COPD Learn More Breathe Better: copd.nhlbi.nih.gov
 Link to Video: <https://www.youtube.com/watch?v=vpvExLUftdo>

Press Conference COPD National Action Plan

May 2017 Washington, DC



From left to right: Grace Anne Dorney Koppel, Dr. MeiLan Han, Dr. James Kiley, and Harold P. Wimmer



A Murmuration for COPD

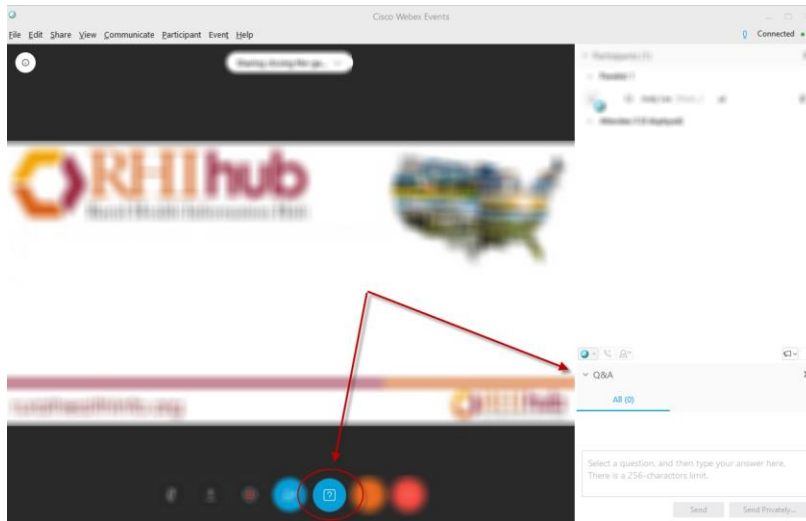


Link to Video: <https://youtu.be/rIKop-z4UTM>

“If you are fortunate in life, age and knowledge breed compassion.”

Governor Ronnie Musgrove

Questions?



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Thank you!

- Contact us at ruralhealthinfo.org with any questions
- Please complete webinar survey
- Recording and transcript will be sent to you
 - Slides are available at <https://www.ruralhealthinfo.org/webinars/nacrhhs-update-on-copd>

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