

Outcomes Summary



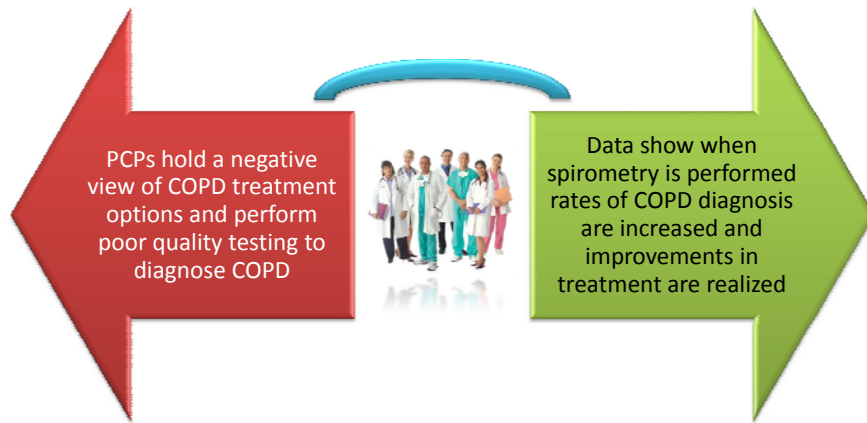
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Learning Objectives

- Reduce the number of undiagnosed patients with COPD in East Texas by promoting more frequent and quality testing by primary care clinicians;
- Reduce the number of preventable hospitalizations related to COPD in East Texas;
- Improve the quality of life of patients with COPD by aggressively treating COPD and reducing environmental and behavioral risks to slow the disease progression; and
- Educate patients on risks of developing COPD and methods that could prevent it from developing.

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Educational Gap

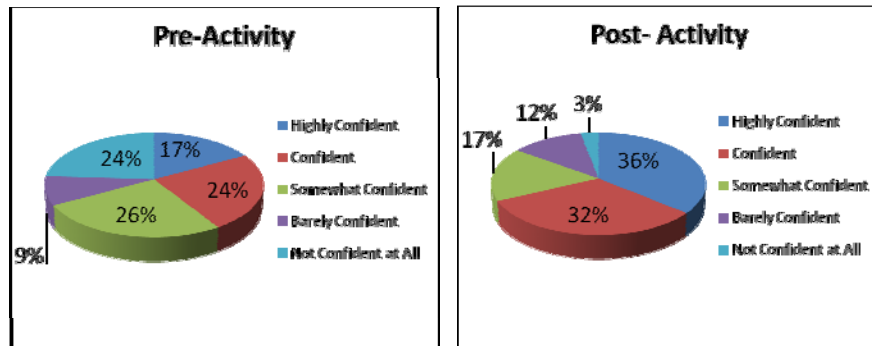


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Level 3 Data Activity Pre & Post Responses

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Confidence in accurately interpreting spirometry results

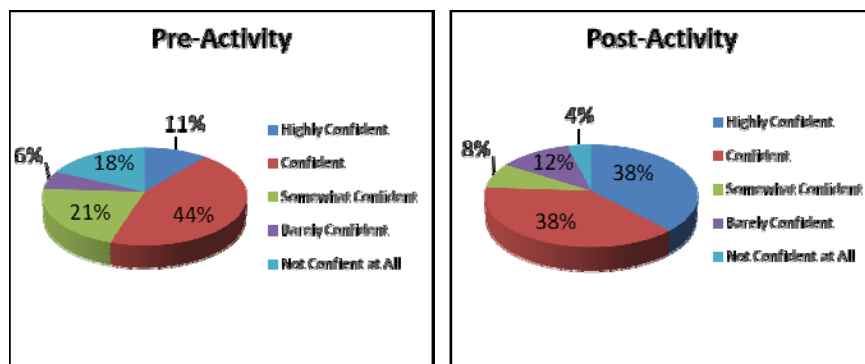


Following the activity, 68% of participants were highly confident or confident in their ability to interpret spirometry results, an increase of 27% from pre-activity results from the same participants. Those who indicated highly-confident more than doubled post-activity.

BOTTOM LINE: More physicians are confident in their ability to accurately interpret spirometry results.

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Confidence in ability to aggressively treat and slow progression of COPD

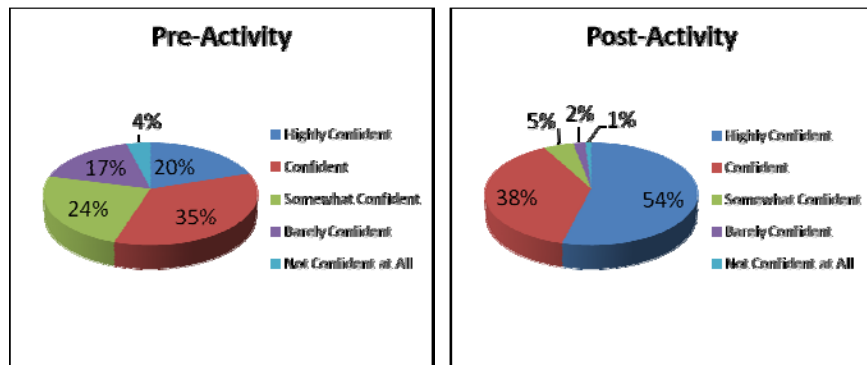


Following the activity, 76% of participants were highly confident or confident in their ability to aggressively treat and slow the progression of COPD, an increase of 11% from pre-activity results from the same participants. Those who indicated highly-confident almost quadrupled post-activity.

BOTTOM LINE: Physicians who attended are more confident in their ability to effectively treat COPD.

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Confidence in ability to correctly educate patients on COPD risk factors and strategies to prevention

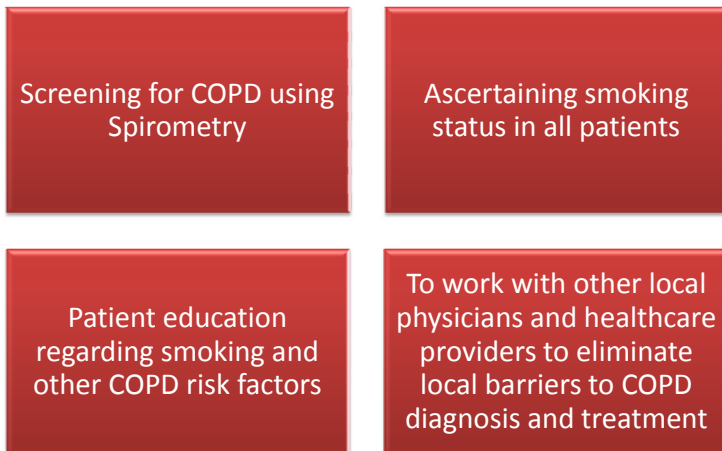


Following the activity, 92% of participants were highly confident or confident in their ability to correctly educate patients on COPD risk factors and strategies to prevention, an increase of 33% from pre-activity results from the same participants. Those who indicated highly-confident almost tripled post-activity.

BOTTOM LINE: Physicians who attended feel they are better prepared to educate patients about risk factors and prevention of COPD.

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Areas where 100% of participants indicated an intent to increase their efforts in...



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Aggregate Presenter Evaluations

- Each presenter scored 100% “excellent” or “very good” in all evaluation metrics, including:
 - Participant’s perception of knowledge of subject matter
 - Preparedness
 - Responsiveness to questions
 - Should be considered for future activities

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Level of success in creating a fair and balanced presentation without commercial bias.



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Level 4 Data

Follow-up Evaluation

Sent 1-2 months post activity

46% Response Rate!

Administered via e-mail (online)
and paper (mail)

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What have you done differently in your practice as
result of your participation in this activity?
(multiple selections possible)

I do not plan to make any changes to my practice	10%
This activity confirmed my current practices	30%
I've increased efforts to screen for COPD using spirometry	30%
I've increased efforts to ascertain smoking status in all patients	53%
I've increased efforts to educate patients about smoking and other COPD risk factors	73%

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As a result of the activity...

Almost one third of participants have increased the use of spirometry

More than half of participants have increased smoking status ascertainment

Almost three-quarters of participants have increased smoking cessation and other COPD risk factor education in their practices

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What is one thing that can be done to improve COPD rates in your area?

Smoking Cessation (60% of responses)

Community and Patient Education on Smoking/COPD (20% of responses)

Increase smoking ordinances

Better diagnosis and treatment (including treatment options)

Reduce pollution

Address/eliminate allergens

Increase cigarette prices

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What are the three greatest challenges that exist in your area that, if eliminated, would make diagnosing and treating COPD easier?

Most frequent and recurring responses

- Smoking/Tobacco use
- Lack of testing (spirometry)
- Lack of good smoking cessation education for patients
- Cost of medical care/lack of coverage
- Pollution/environmental factors
- Patient's distance from care/lack of transportation

Less frequent or single responses

- Chicken houses (note: Pittsburg, TX has a Pilgrim's Pride chicken plant)
- Convenience stores that sell cigarettes to minors
- Coordination of care between physicians
- Time
- Allergens

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Level 5 Data ICD-9 and Rx (class) Data

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Disclaimer

- The following data are not a complete snapshot of area
- Data is available to UNTHSC is for only limited number of providers (low statistical significance)
- Data is county level, not provider level
- Cannot account for other influences on behavior, e.g. other activities, media reports, etc.
- When combined with other data points, allows UNTHSC to extrapolate if impact was achieved
- **Data Source:** Direct Medical Data (DMD Data) LMS III [software system] ICD-9 and Rx self-run counts for target geographic area

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ICD-9 Codes Related to COPD

(Codes 490, 491, 492, 494, 496)

- Treatments calculated on the above listed ICD-9 codes increased in each county (for which data are available) where activities were conducted
- Increase was 1-2% in most areas
- **Note:** ICD-9 data is updated quarterly and greater increases are expected next quarter, especially considering Rx data below (which is updated monthly).

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ICD 9 Raw Data

Composite Region Data for Pre/Post

Title: COPD ICD9 CODES
Data Source: AMA-AOA-1Pass

Group: A0001
ICD DECILE Level(s) 01, 02, 03, 04, 05, 06, 07, 08, 09, 10
Based on Patients for ICD Code(s)
'490', '491', '492', '494', '496'
WHERE
MD DO (Required) Is in
MD From AMA, DO From AMA
AND
Primary Type of Practice Is in
Office Based, Resident/Hospital Based
Hospital Staff/Hospital Based
AND
State/County Fips Is in
Angelina TX, Camp TX
Chambers TX, Franklin TX
Galveston TX, Jefferson TX
Kaufman TX, Liberty TX
Montgomery TX
Orange TX, Panola TX
Polk TX, Rock TX
Sabine TX, San Augustine TX
San Jacinto TX
Titus TX, Trinity TX
Tyler TX, Walker TX
≤-END->

COPD ICD9 CODES											
International Classification of Diseases Ranking Report											
GROUP: A0001											
DECILE Calculated on Treatments of ICD Code(s) '490','491','492','494','496'											
For Population definition see Selection Summary											
	Decile 10	Decile 09	Decile 08	Decile 07	Decile 06	Decile 05	Decile 04	Decile 03	Decile 02	Decile 01	TOTAL
	171 to 391	129 to 167	96 to 118	61 to 90	44 to 60	35 to 43	21 to 34	12 to 20	5 to 11	1 to 4	
TOTAL	5	6	9	12	23	21	34	69	137	433	745
Treatments	1112	913	939	915	1164	796	870	1056	1030	788	9583
TOTAL											

Pre activity

COPD ICD9 CODES											
International Classification of Diseases Ranking Report											
GROUP: A0001											
DECILE Calculated on Treatments of ICD Code(s) '490','491','492','494','496'											
For Population definition see Selection Summary											
	Decile 10	Decile 09	Decile 08	Decile 07	Decile 06	Decile 05	Decile 04	Decile 03	Decile 02	Decile 01	TOTAL
	167 to 391	129 to 164	96 to 118	69 to 90	45 to 66	35 to 44	21 to 34	13 to 20	6 to 12	1 to 5	
TOTAL	6	5	10	10	20	24	35	62	106	458	736
Treatments	1275	736	1036	798	1075	930	906	982	928	929	9556
TOTAL											

Post activity

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COPD Rx Class Utilization Data

(bronchodilators, general other proprietary smoking deterrent)

- Prescriptions calculated on the above listed drug classes increased in each county (for which data are available) where activities were conducted
- Overall prescriptions increased by about 5300
- **Note:** Rx data (class only) is updated monthly. ICD-9 data (updated quarterly) lags and is expected to reflect higher diagnosis rates.

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Rx (Class)Raw Data

Composite Region Data for Pre/Post

Title: COPD RX DATA
Data Source: AMA-AOA-1Pass

Group A0001:
Rx DECILE Level(s) 01, 02, 03, 04, 05, 06, 07, 08, 09, 10
Based on Prescriptions for
BRONCHODILATORS, GENERAL OTHER
PROPRIETARY SMOKING DETERRENT
AND
ICD DECILE Level(s) 01, 02, 03, 04, 05, 06, 07, 08, 09, 10
Based on Patients for ICD Code(s)
'489', '491', '489', '484', '496'
WHERE
MD DO (Required) Is in
MD From AMA, DO From AMA
AND
Primary Type of Practice Is in
Office Based, Resident/Hospital Based
Hospital Staff/Hospital Based
AND
State/County Fips Is in
Arlington TX, Camp TX,
Chambers TX, Franklin TX,
Galveston TX, Jefferson TX,
Kaufman TX, Liberty TX,
Montgomery TX,
Orange TX, Panola TX,
Pulaski TX, Rusk TX,
Sabine TX, San Augustine TX,
San Jacinto TX,
Tarrant TX, Tarrant TX,
Tyler TX, Walker TX
←END→

COPD RX DATA										
GROUP: A0001										
DECILE Calculated on Prescriptions of BRONCHODILATORS, GENERAL OTHER; PROPRIETARY SMOKING DETERRENT										
For Population definition see Selection Summary										
Decile	Decile	Decile	Decile	Decile	Decile	Decile	Decile	Decile	Decile	Decile
10	09	08	07	06	05	04	03	02	01	TOTAL
145 to	120 to	104 to	84 to	71 to	61 to	49 to	39 to	24 to	1 to 23	
189	146	119	103	83	70	58	45	28		
TOTAL	10	13	16	17	21	27	28	38	55	187
Rx	TOTAL	1663	1691	1798	1564	1598	1756	1514	1651	1652
										1637
										16524

Pre activity

COPD RX DATA										
GROUP: A0001										
DECILE Calculated on Prescriptions of BRONCHODILATORS, GENERAL OTHER; PROPRIETARY SMOKING DETERRENT										
For Population definition see Selection Summary										
Decile	Decile	Decile	Decile	Decile	Decile	Decile	Decile	Decile	Decile	Decile
10	09	08	07	06	05	04	03	02	01	TOTAL
213 to	178 to	138 to	113 to	88 to	72 to	60 to	48 to	30 to	1 to 29	
401	210	173	137	112	87	71	59	47		
TOTAL	5	12	13	17	24	25	33	44	52	201
Rx	TOTAL	2373	2294	2006	2106	2369	1970	2164	2380	1993
										2176
										21861

Post activity

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Level 6 Data

Texas Public Use Data on Unnecessary Hospitalizations related to COPD

2nd – 3rd quarter 2008 data available
in 2nd or 3rd quarter 2009
(compiled and released by State of Texas)

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How the Activities are Making A Difference

The following stories were shared by follow-up survey respondents who were asked to relate a change this education made in one patient's care.

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Case 1

- A Merchant Marine was counseled to stop smoking because it was making his COPD worse and, if his condition worsened, he would not be able to pass his employment physical and provide for his family. I used the Marlboro Man example from the presentation. He has stopped smoking for now.

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Case 2

- We now provide PFT at no charge to all of our smoking or asthmatic patients with oximetry to test for COPD

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Case 3

- We used the time line [Fletcher-Peto graph provided in handouts] to demonstrate benefit of cessation with several patients, and many have stopped smoking or are trying to.

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Case 4

- A patient diagnosed with sarcoidosis and pneumonia was encouraged to use incentive spirometer. The patient info provided in handouts helped decrease patient anxiety during hospital stay.

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Case 5

- We added the handout information you provided to our existing tobacco education modules to increase cessation and prevention.

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Case 6

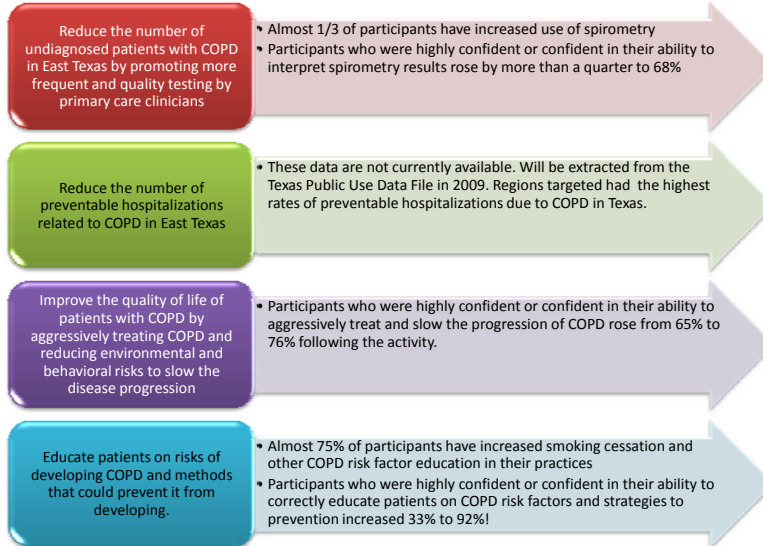
- A patient who I have tried to get to stop smoking for years agreed to try a smoking cessation strategy after I showed him the handout material from the program. Thanks!

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Outcomes Summary

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Outcomes linked to Overall Objectives



Bottom Line:

Physician attendees are...

Using spirometry more frequently to diagnose COPD

Better prepared to treat COPD

Better prepared to educate patients about risk factors and prevention of COPD

Increasing smoking status ascertainment and cessation education

The educational gap has been narrowed

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Ongoing Activities

- 12 Cases mailed, one each month, to all physicians, NPs and PAs in East Texas
 - First case mailed Sept. 2008
 - Each case going to 1800+ HCPs (1800 x 12 =21600)
 - Estimate 4700 readers (includes 500 out of area)
- Live programs by East Texas AHEC training on spirometry testing for office staff and physicians
- Data collection and reporting

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Participation to Date

- 14 Activities Completed
 - one scheduled
- 217 total attendees to date
 - 88% are MD, DO, PA or NP
 - At two activities, EVERY physician in the county was in attendance

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Participation Summary

Activity	Participation	Notes
Live activities	217 (to date)	1 scheduled (20 more participants anticipated)
Enduring Cases	4700 expected (includes 500 out of area)	Sept '08 - Sept '09

4,937 total participants
anticipated by end of project.

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