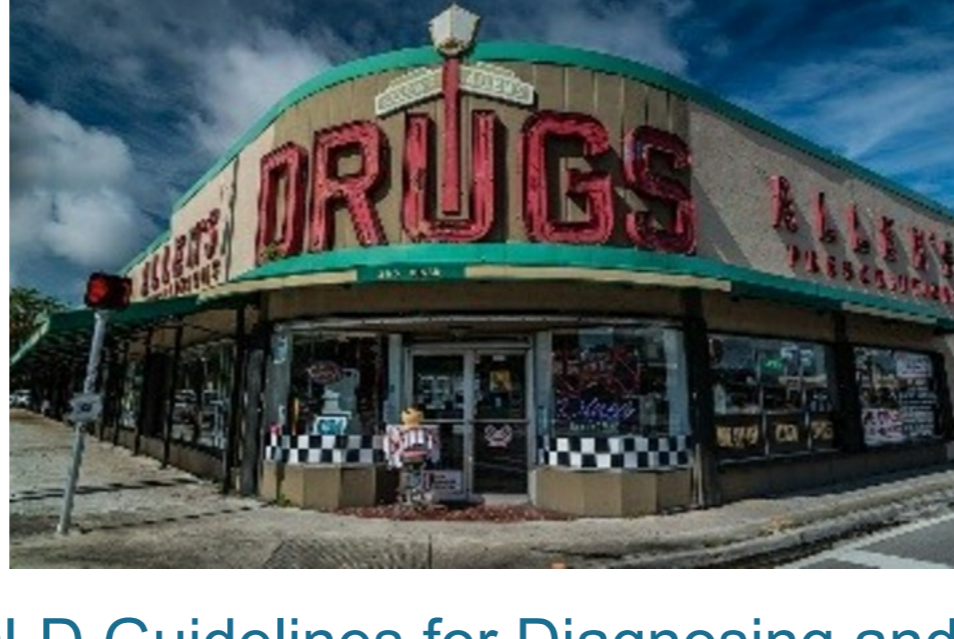


Provider Newsletter September 2017

Clinical Corner: A note from Dr. Douglas Carr



2017 GOLD Guidelines for Diagnosing and Managing COPD

Sponsoring Organization: Global Initiative for Chronic Obstructive Lung Disease (GOLD)
Target Audience: Clinicians who treat patients with chronic obstructive pulmonary disease (COPD).

Background: The World Health Organization (WHO) and NIH convened the original GOLD expert panel in 1998 to make recommendations for managing COPD. Since the release of its first guidelines in 2001, GOLD has published several revisions, most recently in 2014.

Key Points:

- Measurement of airflow limitation by spirometry is recommended mainly to confirm diagnosis (post bronchodilator FEV1/FVC < 0.70) and establish prognosis, but not to guide treatment. Instead, two clinical parameters — symptom assessment and exacerbation history — are used to categorize patients into four progressively more symptomatic groups (A through D) for treating stable COPD. As COPD becomes more severe, recommended treatments range from simple short-acting inhaled bronchodilators (for some Group A patients) to combinations of two or three inhaled bronchodilators and inhaled corticosteroids (for some Group D patients).
- Although long-acting β -agonists (LABAs) and long-acting muscarinic antagonists (LAMAs) perform equally well for symptom control, LAMAs are preferred for patients with frequent exacerbations.
- Roflumilast and azithromycin can be considered for patients with frequent exacerbations, but neither is endorsed strongly.
- Oxygen therapy is recommended only for patients with severe resting hypoxemia.
- Exacerbations should be treated with short (5–7 days) courses of systemic corticosteroids. A similar course of antibiotics is recommended for patients with exacerbations who are on mechanical ventilation or who have increased sputum purulence plus increased dyspnea or sputum quantity or both.
- Pulmonary rehabilitation, regular exercise, and early palliative care involvement are recommended.

Vogelmeier CF et al. Global strategy for the diagnosis, management, and prevention of chronic obstructive lung disease 2017 report. GOLD executive summary. Am J Respir Crit Care Med 2017 Mar 1; 195:557.

COMMENT

The big "take homes" include less emphasis on inhaled steroids, shorter duration of systemic steroids for exacerbations, and more emphasis on symptoms and exacerbation history in guiding therapy choices.

Umpqua Health has reviewed prescribing patterns and noted that many of our providers are jumping to use of high dose inhaled corticosteroids before SABA, LABA, and LAMA therapies.

FREE CME & 2017 GOLD guidelines are available online at www.goldcopd.org. A smart phone app is also available.



Total Health Improvement Project

A new series of Total Health Improvement Program classes has just begun. The free 12-week THIP course is a science-based, lifestyle and disease prevention program where participants are offered guidance and support to adopt a healthy lifestyle. Classes not only include information on nutritional theory, but also have cooking demonstrations, a healthy potluck, movement and exercise, and even stress management techniques. The program is presented by UC VEG, in partnership with Umpqua Health Alliance. THIP classes began August 30, but it's not too late to encourage your patients to attend. For more information, click [here](#) or contact umpquacommunityveg@gmail.com.

Adolescent Well Care

Visits

Now is a great time to schedule an appointment for members between the ages of 12 and 21 to get their adolescent well child screening. As the school year begins, many student athletes are required to get a sports physical. While OHA does not pay for a sports physical, if the adolescent well child screening is done at the same time then providers get credit for both the sports physical and the adolescent well child screening, all at no cost to the patient.



Glucose Test strips for Self-monitoring: Change in Process

Currently, there are differences in the coverage language for glucose test strips for OHP and Medicare.

To provide some consistent guidelines that conform to ADA 2017

recommendations and align with Medicaid, Medicare, and many commercial plans, Umpqua Health Alliance (UHA) is adopting the following quantity limits that do not require prior authorization (PA):

- For beneficiaries who are insulin-dependent, UHA provides coverage for up to 100 test strips and lancets every month, and one lancet device every six months. This applies to Type 1 and gestational diabetes. Studies demonstrate benefit with use of self-monitoring of blood glucose (SMBG) to improve control and avoid hypoglycemia.
- For beneficiaries who are non-insulin dependent, UHA provides coverage for up to 100 test strips and lancets every three months, and one lancet device every six months. This applies to Type 2 Diabetes regardless of therapy. Studies are equivocal as to patient adherence and long-term benefit of SMBG.

UHA allows additional test strips and lancets if deemed medically necessary, but requires a PA with clinical rationale.

Rick's Medical Supply is the preferred vendor for glucose testing supplies for UHA members.

They will process Rx for those quantities based on the above diagnoses without PA, and direct any requests above these quantity limits back to providers for the PA process through UHA.



CAC to begin Accepting 2018 CHIP Applications October 1

UHA's Community Advisory Council (CAC) is continuing the tradition of collaborating with agencies throughout Douglas County to offer services aimed at improving the health of our community. The CAC will begin accepting applications for projects that address the goals of the Community Health Improvement Plan, or CHIP, on October 1. Now is the time to start thinking of projects that focus on affecting positive change in: access, addictions, mental health, social determinants of health, parents & children and healthy lifestyles. If you have any questions about the CHIP process, please contact [Kat Cooper](#) at (541) 229-7022.

Party for Medical Community

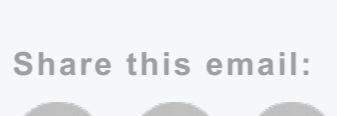
A monthly get together for the medical community is taking place at Two Shy Brewing on September 16 starting at 6 p.m. Doctor Steven Burns began organizing the events when he realized he didn't know many of the people he spoke on the phone with on a regular basis.

"I am full time at Evergreen urgent care," said Dr. Burns. "I realized that although I take care of many doctors' patients, and although I and my staff are on the phone constantly to other docs and their staffs, we had never met!"

This will be the ninth party for the medical community, which includes office staff as well. The event features free beer tastings for everyone 21 and over, and live music will begin at 6:30.

Comments? Questions? [Email Us](#).

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