Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: https://reachmd.com/programs/frontlines-copd/bridging-the-gap-in-copd-care-a-primary-care-and-pulmonary-partnership/35535/

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Bridging the Gap in COPD Care: A Primary Care and Pulmonary Partnership

Announcer:
You're listening to *On the Frontlines of COPD* on ReachMD. On this episode, we'll hear from Dr. Megan Conroy, who's a Clinical Assistant Professor of Internal Medicine in the Division of Pulmonary, Critical Care, and Sleep Medicine at Ohio State University. She'll be discussing how we can improve COPD outcomes through early diagnosis and collaborative care. Here's Dr. Conroy now.

Dr. Conroy:
COPD is quite a prevalent disease, but despite that, it may remain underdiagnosed for many patients. The Bridging Specialties campaign from the American College of Chest Physicians is a set of educational products—in this case for COPD—where we're really looking to bridge the gap between primary care and in pulmonary subspecialty care. This includes looking for opportunities for earlier diagnosis and optimizing accurate diagnosis earlier on in a patient's course.

There are a lot of potential factors that contribute to reduced or delayed diagnosis in COPD. We undertook a pretty large survey of both primary care and pulmonary physicians, and from that, we see a couple of different signals—some that include underutilization or less access to spirometry—that may be significant components in delaying care for COPD. Finding obstruction in spirometry is a necessary diagnostic component for COPD to be certain that you're treating the correct thing. This is a patient population—often in smokers in the United States—that are also at high risk for cardiovascular disease, and we see that primary care doctors are really working at multifactorial causes of symptoms that may, in certain under-resourced areas or just naturally by working up many different etiologies, lead to longer duration to diagnosis. Many of these patients may not be presenting very early on in their symptoms as well. Many may be current smokers, and they might rightfully attribute some of their shortness of breath to their tobacco use but not recognize the chronicity of COPD's impact.

So collaboration between primary care providers and pulmonologists may help to combat some of the challenges of difficulty in diagnosis and the implementation of evidence-based care for patients with COPD and help in some of the longitudinal care and preventive care that's a necessary component of comprehensive COPD management. Primary care doctors have so much to manage, and I feel like they're the glue that holds our healthcare system and our patients together. But ensuring that knowledge and utilization of pulmonary diagnostics—and really the evolving evidence-based medicine in the management of COPD—is known and able to be implemented by busy primary care physicians can help to optimize care for COPD patients.

The survey that we've done in a forthcoming White Paper in the Bridging Specialties campaign with the American College of Chest Physicians really shows opportunities for improved utilization of spirometry among primary care doctors taking care of COPD and also shows opportunity for improvement in knowledge of evidence-based medicine, such as the recommendations that come out of the GOLD Report. There's been changes in how we treat first-line COPD in recent years, and it really requires a lot of effort for primary care docs to stay up-to-date in this wide variety of things that they are taking care of for their patients, and we're hoping to bridge some of that gap with this program.

Early diagnosis and intervention in patients with COPD may not necessarily change the natural course of that disease or meaningfully change the severity of disease, but it does bring several opportunities. First, anytime that you know there's a disease present, you're then able to treat it appropriately, so having the correct diagnosis certainly is important. Also, many patients with new diagnosis COPD may be current smokers, and that affords an opportunity for increased intervention towards smoking cessation, which certainly does reduce the rate of lung function loss in these patients.

It's not unique to COPD, but a connection to comprehensive care often gives the opportunity to improve preventive care, and in this case, things like lung cancer screening. We know that most people who are eligible for lung cancer screening actually are not getting their annual low-dose CTs to screen for lung cancer. Many patients with a diagnosis of COPD may be eligible, and again, that's patients aged 50 to 80 with at least a 20-pack-year smoking history who have smoked in the last 15 years.

In addition to lung cancer screenings, looking at preventive care, like vaccinations—patients with lung disease may be eligible for vaccinations at an earlier age than all-comers, thinking of things like pneumococcal vaccines and RSV vaccines that can have an important role in preventing exacerbations of COPD and help reduce the likelihood of a patient ending up in the hospital or an unplanned healthcare visit.

So really connecting patients with the correct diagnosis, implementing treatment early to reduce symptoms and improve quality of life, as well as improving the access to preventive and holistic comprehensive care for these patients is really an opportunity when we get earlier diagnosis.

Announcer:
That was Dr. Megan Conroy talking about the impact of early diagnosis and collaborative care on COPD outcomes. To access this and other episodes in our series, visit *On the Frontlines of COPD* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!