El Paso Health Medicare Advantage

MEDICARE GENERAL PRINCIPLES FOR THE DIAGNOSIS AND MANAGEMENT OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

The following guideline recommends general principles and clinical activities for the diagnosis and management of COPD	
Eligible Population	People age 65 or older and younger people with disabilities.
Key Components	**Recommendations**
Assessment and Diagnosis	• Obtain history including tobacco use, activity level, exercise tolerance, symptom burden, mental well-being, and history of acute exacerbations. • Evaluate for dyspnea, cough, sputum production, wheezing, use of accessory muscles, labored breathing, BMI, pulse oximetry, lung function, contributing diagnosis and co-occurring conditions. • Spirometry is essential for confirming persistent airflow limitation. Variable airflow obstruction can be detected with serial peak flow measurements and/or measurements before and after bronchodilator. • Review vaccination status: influenza, SARS-ClV-2, pneumococcal, herpes zoster and tetanus, diphtheria, and pertussis (Tdap).
Treatment	• consider the severity of symptoms, risk of exacerbations, adverse effects, concurrent medical conditions, accessibility and affordability of medications, as well as the patient's response, inclinations, and ability to utilize different drug administration devices • long-acting bronchodilators (LAB; beta2-agonists [LABA] or long-acting anticholinergics [LAMA]), short-acting bronchodilators (SAB; beta2-agonists [SABA] and short-acting anticholinergics [SAMA]), and inhaled corticosteroids • other treatments such as theophylline, roflumilast, and mucolytics can be used • after an inpatient discharge or ED visit dispense a systemic corticosteroid within 14 days of the date of discharge. • after an inpatient discharge or ED visit dispense a bronchodilator within 30 days of the date of discharge.
Medications	Glucocorticoids: Cortisone, Hydrocortisone, Prednisolone, Dexamethasone, Methylprednisolone, Prednisone Anticholinergic Agents: Aclidinium bromide, Tiotropium, Ipratropium, Umeclidinium Beta 2-agonists: Albuterol, Indacaterol, Olodaterol, Arformoterol, Levalbuterol, Salmeterol, Formoterol, Metaproterenol Bronchodilator combinations: Albuterol-ipratropium, Formoterol-aclidinium, Glycopyrrolate-indacaterol, Budesonide-formoterol, Formoterol-glycopyrrolate, Olodaterol-tiotropium, Fluticasone-salmeterol, Formoterol-mometasone, Umeclidinium-vilanterol, Fluticasone-vilanterol, Fluticasone furoate-umeclidinium-vilanterol
Education	• Patients should be provided with structured education specially focusing on inhaler technique and adherence as well as being assessed for, and receive appropriate treatment for other clinical problems, including: • Smoking cessation • Physical activity • Immunizations • Management of comorbidities

This guideline is based on https://pmc.ncbi.nlm.nih.gov/articles/PMC10815941/
HEDIS MY 2024 Specifications
Individual patient considerations and advances in medical science may supersede or modify these recommendations

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