



INHALE NEWSLETTER

Newsletter Highlights

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What's New in Asthma Management: GINA 2023 Updates and the Next Paradigm Shift

GINA 2023 states that for best outcomes, inhaled corticosteroid (ICS)-containing treatment should be started with all age groups as soon as the diagnosis of asthma is made. Now with relievers, both GINA and NAEPP recommend a long-acting β 2-agonist (LABA) or a short-acting β 2-agonist (SABA) in combination with inhaled corticosteroids (ICS) for all steps, except step 1 in NAEPP or children less than 5 years old in the GINA guidelines. This paradigm shift can decrease asthma exacerbations and diminish oral corticosteroid burden across all levels of asthma severity.

New Terminology:

- The term "controller" has been replaced by "maintenance treatment" or "ICS-containing treatment."
- The term "rescue" has been replaced by "reliever."
- Anti-inflammatory Reliever (AIR) therapies:
 - ICS + SABA (separate inhalers)
 - ICS-formoterol (single inhaler)
 - ICS-SABA (single inhaler, ages 18 and older)
- Maintenance and Reliever Therapy (MART) is used interchangeably with SMART but can also reference ICS-SABA relievers.
- Single Maintenance and Reliever Therapy (SMART) is the use of ICS-formoterol for both maintenance and reliever. Formoterol is the only long-acting β 2-agonist that can be used in SMART.



Reliever Overview:

- SABA-only treatment is no longer recommended.
- ICS-formoterol remains the preferred reliever (track 1) treatment approach for patients 12 and older.
- As-needed combination ICS-SABA (ages 18 and older) reduces the risk of severe exacerbations compared to albuterol alone and is an alternative reliever (track 2).
- As needed ICS + SABA (separate inhalers) can be used in children 11 years and younger in step 1.

Link to full report:

[GINA 2023 - Global Strategy for
Asthma Management and Prevention](https://ginasthma.org)
(ginasthma.org)



• Proud to be celebrating the 30th year of GINA •

INHALE Resource Library

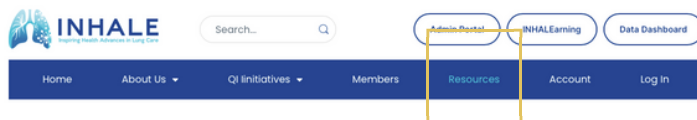
Library Overview:

The INHALE Coordinating Center Team has been hard at work curating a robust [resource library](#). (click link to view the page) for physicians and patients. Our goal in creating this is to create a one stop shop for you to obtain resources related to:

- asthma and COPD care
- guidelines
- useful videos and websites
- tobacco cessation
- AND SO MUCH MORE!

Navigating the resources is easy! Simply choose your category and/or tag, type in a few specific terms in the "search" box and you'll receive a simplified list of documents and links based on the criteria you've chosen.

We would love to get your feedback. Please, share resources with us via the "Share Resources" button on the page or send us your comments via email. Our goal is continuous improvement of the resources and your input is very valuable in this process!



INHALE Resource Library

Image	Title	Summary	Author	Link
	Adult Asthma ED Visits Measure	Adult asthma ED visit measure documentation providing specific details on population definitions, eligible and ineligible CPT codes, and the numerator and denominator used in the calculation.	INHALE CQI	View
	Adult Asthma Hospitalizations Measure	Adult asthma hospitalization measure documentation providing specific details on population definitions, eligible and ineligible CPT codes, and the numerator and denominator used in the calculation.	INHALE CQI	View
	Adult Asthma Inhaler Education Measure	Adult asthma inhaler education measure documentation providing specific details on population definitions, eligible and ineligible CPT codes, and the numerator and denominator used in the calculation.	INHALE CQI	View
	Adult Asthma Observation Stay Measure	Adult asthma observation stay measure documentation providing specific details on population definitions, eligible and ineligible CPT codes, and the numerator and denominator used in the calculation.	INHALE CQI	View

Categories

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Tags

- Action Plans (1)
- American Lung Association (1)
- Asthma Control Test (ACT) (2)
- Asthma Initiative of Michigan (AIM) (1)
- Asthma Management (1)
- Asthma/Allergy Network (1)
- Asthma/COPD Overlap (1)
- Billing (1)
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- CAT Test (2)
- Chamber (1)
- COPD Foundation (1)
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See 62 more

Share Resources With Us

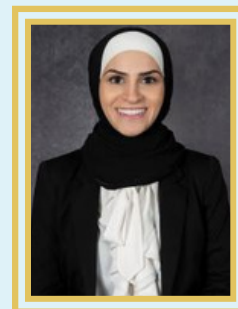
- If you have resources to share, please submit them to us for inclusion in our library.
- Resources may include documents, websites, videos, or images.
- All resources will be reviewed prior to posting in the INHALE Resource Library.

[Share Resources](#)

Ask the Pharmacist: 1:1 Consult with a PharmD

Nada Farhat, PharmD, BCPS, BCACP is a board-certified clinical pharmacist specialist practicing at Michigan Medicine. Services offered include:

- Explore clinical scenarios and answer patient specific clinical questions (note: PHI not permitted)
- Review online educational resources available to patients and providers
- Discuss INHALE CQI operational logistics relevant to your practice site
- Develop strategies to operationalize transitions of care at your practice
- Open forum for other clinical questions or specific INHALE related topics



Please visit the following link to sign up:

<https://micmt-cares.org/consultation-services>

Slots are 30 minutes long and there is a maximum of 2 slots per month per practice or PO. Please also complete the questionnaire online prior to your consultation.

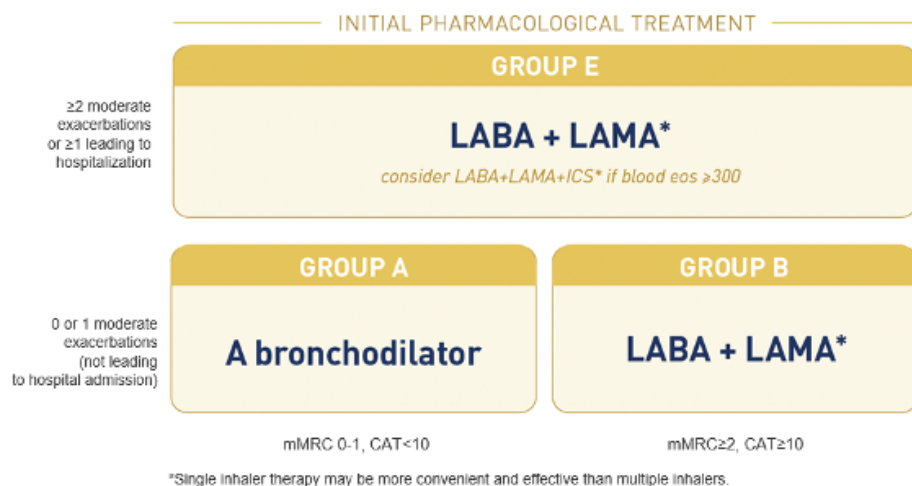
2023 GOLD Guideline Updates: COPD Staging & Treatment Recommendations

The 2023 GOLD COPD treatment recommendations were updated to clarify and simplify medication selection for patients newly initiating inhaler therapy, and for those patients requiring an escalation of therapy due to dyspnea or an acute exacerbation. Recommendations have simplified COPD staging criteria to just 3 groups: A, B, and E (previously A, B, C, D).

- **Group A patients:** patients with low symptom burden (CAT<10), with 0 to 1 moderate exacerbations
 - Initiate a bronchodilator (remains consistent with 2022 recommendations)
- **Group B patients:** patients with high symptom burden (CAT≥10), with 0 to 1 moderate exacerbations
 - Treatment with dual bronchodilation (LABA+LAMA) is recommended
- **Group E patients:** combination of previous Groups C and D, or patients with at least 2 moderate or 1 severe exacerbation(s)
 - Treatment with dual bronchodilation (LABA+LAMA) is recommended (similar to Group B patients)
 - May consider LABA+LAMA+ICS if blood eosinophils are >300
- Single inhaler therapy may be more convenient and effective than multiple inhalers
- LABA/ICS use is no longer encouraged; central role for bronchodilator therapy
- Triple therapy is NOT recommended as an initial treatment therapy for patients with COPD

Further pharmacologic treatment considerations will be reviewed in upcoming newsletters. For additional information including the full 2023 GOLD report, pocket guide, and teaching slide deck, please visit

<https://goldcopd.org/2023-gold-report-2/>.



**LABA + ICS use
no longer encouraged**

LABA/ICS is no longer present in
GOLD COPD
Pharmacological Treatment algorithms



LAMA/LABA first-line

LAMA/LABA recommended for the
majority of patients with COPD for both
Initial and Follow-Up
Pharmacological Treatment

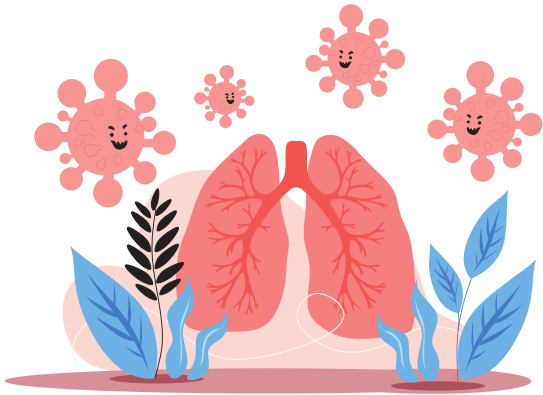


**A central role for LAMA
and LAMA/LABA**

Inhaled bronchodilators remain the
preferred maintenance treatment

Allergy Corner: Spring has Sprung

JUNE 1 | VOLUME 3



Spring is finally here in Michigan (with a few blips of up and down temperatures notwithstanding!) Concomitant with spring, we have had a significant number of calls from spring allergy sufferers (eye/nasal/skin/and lung symptoms) at the University of Michigan Allergy and Immunology Clinics. Pollen counts on pollen.com show moderate to high counts of Poplar, Ash and Birch, all considered classically allergenic trees in the Midwest. Windy, sunny days tend to be worst, with rain offering respite from the onslaught of seasonal symptoms.

A 2013 article from the New England Journal entitled "[Hayfever as a Christmas Gift](#)," explains how an urban planning project in Switzerland significantly impacted the symptoms and sensitization of schoolchildren taking a specific route to school and back. Alder trees which happen to pollinate in December and which happen to have been planted along a boulevard that some school children walked along to school changed the pattern of sensitization over time. IgE antibodies against the main allergen of alder trees (AIn g 1), which were not detected in any child in 1986, were found in 10.9% of unselected healthy schoolchildren in 2006.

Article: <https://www.nejm.org/doi/full/10.1056/NEJMc1214426>

Association between Tree Pollen Counts and Asthma ED Visits in a High-Density Urban Center

Another 2011 article in the Journal of Asthma describes the impact of tree pollens in the Bronx on 7 ED center overall asthma exacerbation visits throughout the year. Measurements of seasonal variations found that peak pollen counts in May correlated with peak ED visits in April through June for asthma, and the predominant pollen in the air (99%) was tree pollen in those time intervals. This peak was more significantly correlated with pollen than anything else studied in the air and more so than the correlations in the fall. They also evaluated concomitant air pollutants which were more significantly associated with exacerbations at other times of the year (nitric oxide, sulfur dioxide, and ozone).

Article: <https://www.tandfonline.com/doi/full/10.3109/02770903.2011.567427>

Allergic Rhinitis: Reducing Allergen Exposure in a Changing Environment

In pollen seasons, a few items are discussed with patients to mitigate the effects of exposure. These include avoiding large outdoor exposures on high pollen count days, showering, possibly rinsing sinuses after being outdoors, and keeping windows closed with the air conditioner on to decrease the amount of antigen coming into the home. The AAAAI patient facing website also discusses masks, nasal filters and HEPA filters in the home.

Article: <https://www.aaaai.org/Tools-for-the-Public/Conditions-Library/Allergies/Allergic-Rhinitis>



Updates & Reminders

SAVE THE DATE

- Education Workgroup Zoom Meeting
 - **June 12, 2023 @ 4:00pm**
- Collaborative Wide Meeting
 - **June 16th, 2023**
- PO Monthly Calls
 - **June - no scheduled calls**
 - **July 12 @ 11:00am**
 - **July 14 @ 2:00pm**
- PCP/Peds Recruitment
 - **Occurs April 2023 - June 2023**
 - **Participation Agreements submitted by June 1, 2023**
 - **Newly recruited practices will be eligible for VBR starting September 1, 2023.**
 - Check out the INHALE website for more details:
<https://inhalecqi.org/>
- Regional Meetings
 - **September 26 @ 6:00-8:00pm, Ann Arbor**
 - **September 28 @ 6:00-8:00pm, Grand Rapids**
 - **October 3 @ 6:00-8:00pm, Frankenmuth**
 - **October 5 @ 6:00-8:00pm, Rochester Hills**



The MDHHS Asthma Program invites you to learn more about asthma management at GetAsthmaHelp.org, and to sign up for the weekly-ish Asthma News emails to stay on top of the latest asthma research, events and opportunities, contact GetAsthmaHelpInfo@gmail.com.



Join Us!

Join our Education Workgroup!

Work together to develop patient and provider educational materials.

Meetings occurs monthly via Zoom on Mondays, from 4:00-5:00pm.

Email Brenna at bdressle@med.umich.edu to be officially added to the group.



Sean Lezak
Associate Program
Manager

Meet the Team

Sean joined INHALE in November 2023. He has 15 years of research experience as a study coordinator, project manager and manager at the University of Michigan and in a private practice setting. His research experience includes over 11 years in pharmaceutical clinical research, including 6 years as a clinical study coordinator and 5 years as a clinical research manager investigating medication for asthma, allergies, chronic urticaria, hereditary angioedema & Multiple Sclerosis. Fun fact about Sean; he and his wife recently rescued an adorable new puppy, named Stella!



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contact@inhalecqi.org



INHALE
Inspiring Health Advances in Lung Care