



INHALE

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VaxFinder and Vaccine Flyers

The EasyVax application has been added to inhalecqi.org. EasyVax is a universal vaccine scheduling application that is unbranded and helps patients schedule vaccine appointments. It covers all adult vaccines and all retailers.

Patients can easily schedule an appointment by:

- Clicking on the [link](#)
- Selecting a vaccine
- Entering their zip code
- Selecting their desired pharmacy.

Vaccine Flyers

The INHALE Patient Advisory Board co-created educational flyers for the following vaccines:

- [COVID-19](#)
- [Flu](#)
- [RSV](#)
- [Tdap](#)
- [Pneumococcal](#)
- [Shingles](#)



INHALE Collaborative 2025 Highlights

- Welcomed four new physician organizations (POs) to INHALE
 - 47 onboarding practices
 - 79 additional practices from continuing POs
 - 14 new specialty practices
- 9 Regional Meetings
 - 3 Spring Meetings held virtually
 - 6 Fall Regional Meetings
 - 1 Collaborative Meeting
- Launched Pediatric Committee

New Tobacco Cessation Videos:

- Provider Focused Videos:
 - [Vaping and Nicotine Addiction](#)
 - Can be watched for VBR credit and CME is available.
- Patient Focused Videos:
 - [Nicotine Addiction: Vaping and Cigarettes](#)
 - [Nicotine and Cigarettes](#)

IMPORTANT GINA REVISION

UPDATES to GINA 2025 Clarify Pediatric Diagnosis and Management of Exacerbations

The GINA 2025 Report (May 2025) was updated and published on November 14, 2025. The updates reflect a correction to the dosing of nebulized albuterol (salbutamol) and adds clarity to the diagnosis of asthma in children aged 5 years and younger along with other changes.

Pediatric updates and clarifications: (GINA 2025 Full Report, p. 21):

- Management of worsening asthma and exacerbation in children 5 years and younger: dose of nebulized albuterol (salbutamol) has been corrected from 0.25 mg to 2.5 mg (p. 201).
- Diagnosis of asthma in children 5 years and younger:
 - Past episodes of wheezing or difficulty breathing reported by the parent or caregiver are considered to have been acute wheezing episodes if they lasted for more than 24 hours or were seen and confirmed as wheezing by a health care worker (p. 181-184).
 - For a child with a history of mild wheezing episodes or occasional interval asthma-like symptoms, the role of a clinical response to SABA given at home has been clarified as a “diagnostic trial” (p. 187).
 - A follow-up appointment should be made in up to 2-3 months’ time, depending on the previous frequency of the child’s symptoms (p. 187).
 - A therapeutic trial of daily ICS with as-needed SABA should be considered for children with any acute wheezing episodes requiring urgent health care in the past year, or with interval symptoms more than twice a week.

Other updates:

- Blood eosinophil count and FeNO: “morning” has been replaced by “early morning” with regards to variation by time of day (Box 1-2 p. 25, p. 32, p. 150, Table A1 p. 218).
- Exercise-induced bronchoconstriction (EIB): Use of ICS-formoterol as needed and before exercise has been added to the options for managing EIB (p. 60).

GINA 2025 Initiation of Treatment for 6 and Up

The INHALE Pediatric Committee developed a GINA 2025 Initiation of Treatment for 6 and Up tool to assist providers in treatment decisions. This tool links to the full GINA report, SMART Asthma Action plans for ages 6-17 and 18+, and other INHALE Resources.

This was laminated and distributed at the Fall Regional Meetings.

GINA 2025
Initiation of Treatment
Ages 6 years and Older
(*NAEPF 2020 4 & Older)

For full GINA 2025 Report

Symptoms	AGE GROUP	ICS	Reliever	LABA	LABA/ICS
1-2 episodes a week, no waking at night, no limitation of normal activities	6-11	Low Dose ICS (200-400 µg/day)	As-needed SABA	None	None
3-4 episodes a week, waking at night, limitation of normal activities	6-11	Low Dose ICS (200-400 µg/day)	As-needed SABA	None	None
5-6 episodes a week, waking at night, limitation of normal activities	6-11	Low Dose ICS (200-400 µg/day)	As-needed SABA	None	None
7-8 episodes a week, waking at night, limitation of normal activities	6-11	Low Dose ICS (200-400 µg/day)	As-needed SABA	None	None
9-10 episodes a week, waking at night, limitation of normal activities	6-11	Low Dose ICS (200-400 µg/day)	As-needed SABA	None	None
11-12 episodes a week, waking at night, limitation of normal activities	6-11	Low Dose ICS (200-400 µg/day)	As-needed SABA	None	None
13-14 episodes a week, waking at night, limitation of normal activities	6-11	Low Dose ICS (200-400 µg/day)	As-needed SABA	None	None
15-16 episodes a week, waking at night, limitation of normal activities	6-11	Low Dose ICS (200-400 µg/day)	As-needed SABA	None	None
17-18 episodes a week, waking at night, limitation of normal activities	6-11	Low Dose ICS (200-400 µg/day)	As-needed SABA	None	None
19-20 episodes a week, waking at night, limitation of normal activities	6-11	Low Dose ICS (200-400 µg/day)	As-needed SABA	None	None
21-22 episodes a week, waking at night, limitation of normal activities	6-11	Low Dose ICS (200-400 µg/day)	As-needed SABA	None	None
23-24 episodes a week, waking at night, limitation of normal activities	6-11	Low Dose ICS (200-400 µg/day)	As-needed SABA	None	None
25-26 episodes a week, waking at night, limitation of normal activities	6-11	Low Dose ICS (200-400 µg/day)	As-needed SABA	None	None
27-28 episodes a week, waking at night, limitation of normal activities	6-11	Low Dose ICS (200-400 µg/day)	As-needed SABA	None	None
29-30 episodes a week, waking at night, limitation of normal activities	6-11	Low Dose ICS (200-400 µg/day)	As-needed SABA	None	None
31-32 episodes a week, waking at night, limitation of normal activities	6-11	Low Dose ICS (200-400 µg/day)	As-needed SABA	None	None
33-34 episodes a week, waking at night, limitation of normal activities	6-11	Low Dose ICS (200-400 µg/day)	As-needed SABA	None	None
35-36 episodes a week, waking at night, limitation of normal activities	6-11	Low Dose ICS (200-400 µg/day)	As-needed SABA	None	None
37-38 episodes a week, waking at night, limitation of normal activities	6-11	Low Dose ICS (200-400 µg/day)	As-needed SABA	None	None
39-40 episodes a week, waking at night, limitation of normal activities	6-11	Low Dose ICS (200-400 µg/day)	As-needed SABA	None	None
41-42 episodes a week, waking at night, limitation of normal activities	6-11	Low Dose ICS (200-400 µg/day)	As-needed SABA	None	None
43-44 episodes a week, waking at night, limitation of normal activities	6-11	Low Dose ICS (200-400 µg/day)	As-needed SABA	None	None
45-46 episodes a week, waking at night, limitation of normal activities	6-11	Low Dose ICS (200-400 µg/day)	As-needed SABA	None	None
47-48 episodes a week, waking at night, limitation of normal activities	6-11	Low Dose ICS (200-400 µg/day)	As-needed SABA	None	None
49-50 episodes a week, waking at night, limitation of normal activities	6-11	Low Dose ICS (200-400 µg/day)	As-needed SABA	None	None
51-52 episodes a week, waking at night, limitation of normal activities	6-11	Low Dose ICS (200-400 µg/day)	As-needed SABA	None	None
53-54 episodes a week, waking at night, limitation of normal activities	6-11	Low Dose ICS (200-400 µg/day)	As-needed SABA	None	None
55-56 episodes a week, waking at night, limitation of normal activities	6-11	Low Dose ICS (200-400 µg/day)	As-needed SABA	None	None
57-58 episodes a week, waking at night, limitation of normal activities	6-11	Low Dose ICS (200-400 µg/day)	As-needed SABA	None	None
59-60 episodes a week, waking at night, limitation of normal activities	6-11	Low Dose ICS (200-400 µg/day)	As-needed SABA	None	None
61-62 episodes a week, waking at night, limitation of normal activities	6-11	Low Dose ICS (200-400 µg/day)	As-needed SABA	None	None
63-64 episodes a week, waking at night, limitation of normal activities	6-11	Low Dose ICS (200-400 µg/day)	As-needed SABA	None	None
65-66 episodes a week, waking at night, limitation of normal activities	6-11	Low Dose ICS (200-400 µg/day)	As-needed SABA	None	None
67-68 episodes a week, waking at night, limitation of normal activities	6-11	Low Dose ICS (200-400 µg/day)	As-needed SABA	None	None
69-70 episodes a week, waking at night, limitation of normal activities	6-11	Low Dose ICS (200-400 µg/day)	As-needed SABA	None	None
71-72 episodes a week, waking at night, limitation of normal activities	6-11	Low Dose ICS (200-400 µg/day)	As-needed SABA	None	None
73-74 episodes a week, waking at night, limitation of normal activities	6-11	Low Dose ICS (200-400 µg/day)	As-needed SABA	None	None
75-76 episodes a week, waking at night, limitation of normal activities	6-11	Low Dose ICS (200-400 µg/day)	As-needed SABA	None	None
77-78 episodes a week, waking at night, limitation of normal activities	6-11	Low Dose ICS (200-400 µg/day)	As-needed SABA	None	None
79-80 episodes a week, waking at night, limitation of normal activities	6-11	Low Dose ICS (200-400 µg/day)	As-needed SABA	None	None
81-82 episodes a week, waking at night, limitation of normal activities	6-11	Low Dose ICS (200-400 µg/day)	As-needed SABA	None	None
83-84 episodes a week, waking at night, limitation of normal activities	6-11	Low Dose ICS (200-400 µg/day)	As-needed SABA	None	None
85-86 episodes a week, waking at night, limitation of normal activities	6-11	Low Dose ICS (200-400 µg/day)	As-needed SABA	None	None
87-88 episodes a week, waking at night, limitation of normal activities	6-11	Low Dose ICS (200-400 µg/day)	As-needed SABA	None	None
89-90 episodes a week, waking at night, limitation of normal activities	6-11	Low Dose ICS (200-400 µg/day)	As-needed SABA	None	None
91-92 episodes a week, waking at night, limitation of normal activities	6-11	Low Dose ICS (200-400 µg/day)	As-needed SABA	None	None
93-94 episodes a week, waking at night, limitation of normal activities	6-11	Low Dose ICS (200-400 µg/day)	As-needed SABA	None	None
95-96 episodes a week, waking at night, limitation of normal activities	6-11	Low Dose ICS (200-400 µg/day)	As-needed SABA	None	None
97-98 episodes a week, waking at night, limitation of normal activities	6-11	Low Dose ICS (200-400 µg/day)	As-needed SABA	None	None
99-100 episodes a week, waking at night, limitation of normal activities	6-11	Low Dose ICS (200-400 µg/day)	As-needed SABA	None	None

*Flow down per 24-hour period

Pharmacist's Corner

Know the Facts: Michigan Medicaid Coverage

Michigan Medicaid offers several benefits to help patients achieve better asthma control. The INHALE team has created resources to highlight these benefits for both patients and providers:

- SMART therapy (ICS–formoterol) is covered for patients age 5 and older, allowing 2 inhalers per month, with preference for Symbicort and Dulera.
- Patients are eligible to receive up to four spacers per year, including masks for young children. Providers are encouraged to prescribe unbranded spacers, and the pharmacy will dispense the preferred brand.
 - Of note, patients may be required to fill spacers at a Durable Medical Equipment (DME) supplier if the cost is not covered at the pharmacy, due to a dispensing fee.
 - The INHALE team is working directly with MDHHS and advocacy groups to improve access for all patients to receive spacers at their preferred pharmacy.
- Maintenance medications for asthma may be dispensed in 90-day supplies to improve adherence.
- Medicaid can provide transportation to medical appointments, pharmacies, and DME suppliers.
- Providers can bill CPT 94664 for inhaler or nebulizer technique education, with appropriate documentation and a written order.
- Additional support is available through Children's Special Health Care Services (CSHCS) for eligible children with asthma.



Patient Fact Sheet



Provider Fact Sheet

OPTIONAL MOC IV Credit Opportunity

Join the Michigan Medicine Asthma Program's quality improvement project on increasing the use of AIR therapy in clinical practice. This is a great opportunity to enhance patient outcomes, streamline treatment approaches, and receive MOC IV and MIPS credit for making a meaningful impact in asthma management.



Choose from 1 of 4 goals



NOTE: This is an optional activity and is not required for VBR or offered through INHALE.

To learn more or to sign up visit airmoc.org or email airtherapy@med.umich.edu

INHALE Data and Publications Committee: Call for Members

The INHALE Coordinating Center is accepting nominations for the Data and Publications Committee! This committee will focus on:

- Data accuracy and integrity
- Publication and authorship
- Data strategy and planning
- Developing data push reports
- Sharing findings of INHALE



SIGN UP



If you or another provider are interested in being on this committee sign-up [here](#) or email us at INHALE-Support@med.umich.edu

Remember - nominating someone for this committee is a bonus point on the provider scorecard!

Lung Learning Lab 2026 Schedule

The Lung Learning Labs (L3s) are a series of educational opportunities offered yearly to INHALE participants on a broad range of topics related to adult and pediatric asthma and COPD. At the conclusion of each activity, participants will be able to utilize the latest guidelines for diagnosing and treating patients (adult and pediatric) with asthma and adults with COPD.

All participating physicians and clinical champions are required to view one Lung Learning Lab (virtual or on-demand in the learning platform) for VBR credit. Pre-registration is required through the [Admin Portal](#).

1/20/2026 12:00pm-1:00pm

- Dr. Nicola Hanania
- Biologics in COPD: Who, When & Why

2/10/2026 12:00pm-1:00pm

- Dr. Theresa Guilbert
- Preschool Wheezing

4/23/2026 12:00pm-1:00pm

- Dr. Giselle Mosnaim
- Digital inhalers and their impact on Asthma

5/19/2026 12:00pm – 1:00pm

- Dr. Sara Ellingwood
- The role of allergic sensitization, mitigation strategies, and immunotherapy in Asthma

6/16/2026 12:00pm-1:00pm

- Dr. William Anderson
- The management of Asthma in school age children

7/9/2026 12:00pm-1:00pm

- Dr. Stephanie Christenson
- Type 2 inflammation in COPD



REGISTER NOW

INHALE Patient Advisory Board Highlight

Thomaseña Weston joined the INHALE Patient Advisory Board to advocate for better treatment for asthma patients. She has experienced long wait times and being told to wait for breathing treatments when having urgent breathing problems. Thomaseña lives in Southwest Detroit and is a community advocate for less trucking and other environmental laws and ordinances that would improve the air residents breathe. Recently, her advocacy work with the Trucks Off Our Streets Coalition - a citywide group committed to reducing truck traffic on residential streets saw a major victory with a citywide ordinance enacted to reroute traffic off residential streets.

Thomaseña was also featured on a national ABC news story available to watch [here](#) or is linked below.



Data Dashboard Login Update

Two Factor Authentication App change

INHALE Data Dashboard users must use a Multi-Factor Authentication tool at login. This service will transition from Duo Authentication to Okta Verify. We strongly encourage you to enroll on **January 14th, 2026** to ensure a smooth transition.

- **January 14:** Open enrollment for Okta Verify begins for all users.
- **February 25 :** Okta Verify will launch and replace Duo users.

Instructions for installing Okta Verify: Step 1

Using your mobile device, scan the QR code corresponding to the correct app store for your operating system and download the Okta Verify app before beginning the enrollment process.

Scan for iPhone



Scan for Android



Step 2

After downloading the app, finish up by enrolling your UMich account in Okta

<https://its.umich.edu/accounts-access/identity-access-management/okta>

Non-Medical Drivers of Health Information

COPD and Rural America: Closing the access gap: A special report issued by HealthCentral highlights the gaps in care for Americans living with COPD in rural areas. According to the American Lung Association, while anyone can be diagnosed with COPD, those living in rural areas are 60% more likely to have COPD than those living in urban areas. Several factors may be contributing to the increase including: increased smoking rates, long travel times to appointments, limited wi-fi connectivity for virtual appointments, occupational exposures, and decreased access to specialists with diagnostic tools such as spirometry and other lung function tests. Once diagnosed, patients may continue to have access issues including transportation to appointments and pulmonary rehabilitation appointments.

Proposed solutions to closing the care gap include:

- Continued access to smoking cessation programs
- Patient support groups such as Breathe Better Clubs
- Expansion of number of Pulmonary Rehab visits and virtual Pulmonary Rehab
- Lung Health Navigators



SAVE THE DATE

INHALE 2026 Meeting Information

2026 Spring Regionals

Virtual Meetings

- Monday March 2, 6-8pm
- Tuesday March 10, 6-8pm
- Wednesday March 18, 6-8pm
- Thursday March 26, 6-8pm

Registration will open **January 2026**

**Attendance required by Practice
Clinical Champions**

Collaborative Wide Meeting

Thursday June 4, 2026

Location: LCC Downtown Campus
Gannon Bldg, Michigan Room

Registration to open in **March 2026**

PO Admins required to attend



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INHALE
Inspiring Health Advances in Lung Care