



INHALE

Inspiring Health Advances in Lung Care

2025 PO Recruitment

Feb 5, 2025

Our Mission



The Inspiring Health Advances in Lung Care (INHALE) is a Collaborative Quality Initiative in partnership with Blue Cross Blue Shield of Michigan that aims to engage and empower Physician Organizations across the state to improve patient outcomes, address inequities in care, and promote high-value health care for children and adults with asthma and adults with chronic obstructive pulmonary disease (COPD).

“Our vision is a world where anyone can breathe deeply and live fully.”

Agenda



- Overview of CQIs
- Introduction to INHALE
- Participation & Incentives
- Next Steps
- Q&A

Leadership



Dr. Njira Lugogo, MD

Program Director
Asthma Content Expert



Dr. Michael Sjoding, MD

Program Co-Director
COPD/Data Content Expert



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Definitions

- **BCBSM** – Blue Cross Blue Shield of Michigan
- **CQIs** – Collaborative Quality Initiatives
- **VBR** – Value Based Reimbursement; provider earned incentive in the form a fee-schedule increase associated with commercial PPO members.
- **Coordinating Center** - Leadership of the statewide CQI
 - Composed of providers and support staff
 - Set QI agenda and targets for state of Michigan
- **PO** – A physician organization that agrees to participate in a CQI and earns VBR from achieving QI goals
- **Clinical Champion** – Local participating provider
 - Champions QI goals of the CQI at their respective PO/Practice

CQI Background



- Statewide quality initiatives developed and executed by Michigan providers/practices and funded by BCBSM
- Promotes Partnership with physicians, hospitals, and practices to improve outcomes, enhance community well-being, and reduce costs.
 - Goal is to improve adherence to guideline-based care and develop/share best practices
- Set performance measures and targets
- Utilize data dashboards which allow for rapid analysis and dissemination of data
- BCBSM is offering 5% VBR for participation and performance in INHALE

Current CQI Portfolio

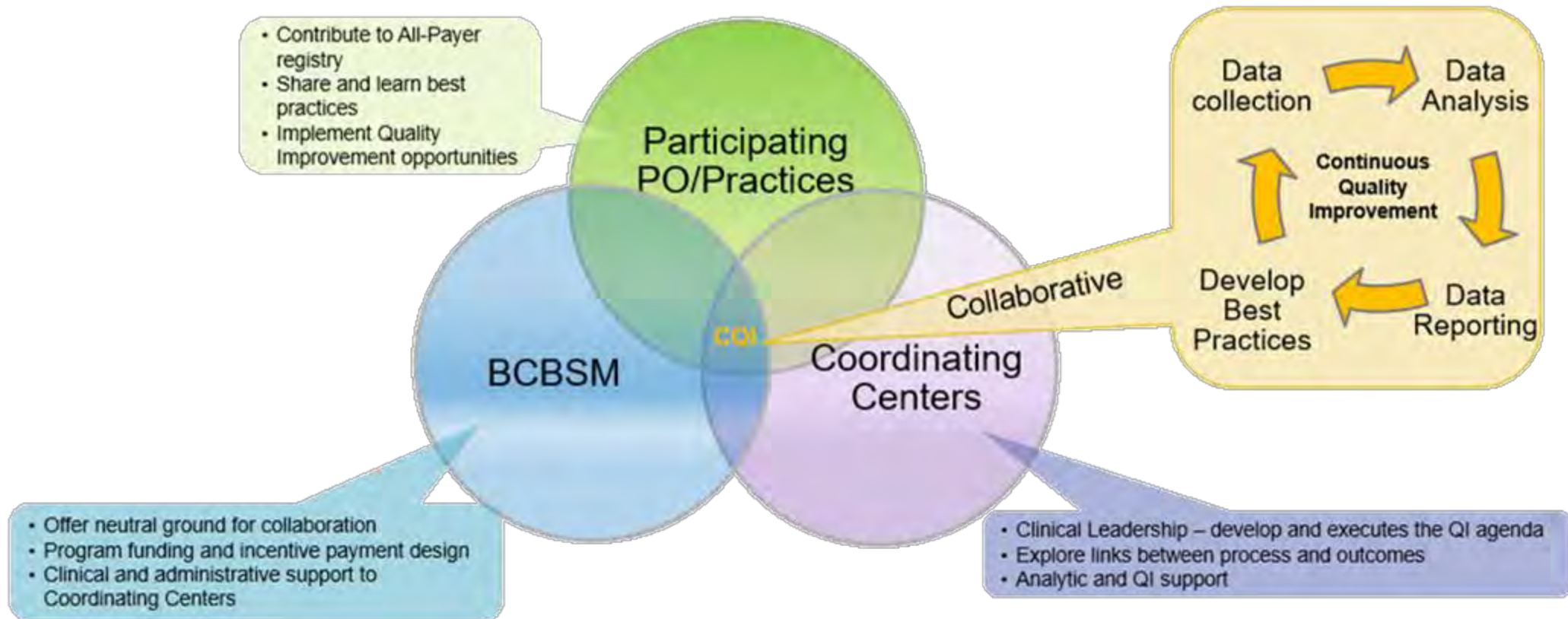


- ASPIRE – Anesthesiology
- BMC2 – Angioplasty/Vascular Sx
- HMS – Hospital Medicine
- **INHALE – Asthma/COPD ***
- MAQI2 – Anticoagulation
- MARCQI – Knee/hip replacement
- MBSC – Bariatric Sx
- MCT2D – Type 2 Diabetes*
- MEDIC – Emergency Department
- MiBAC – Low Back Pain*

- MiMIND – Suicide Prevention*
- MOQC – Medical Oncology
- MROQC – Radiation Oncology
- MSQC – General Surgery
- MSSIC – Spine Sx
- MSTCVS – Cardio-Thoracic Sx
- MTQIP – Trauma
- MUSIC – Urology/prostate cancer
- MVC – Value Collaborative
- OBI – Cesarean Section

*Population Health CQIs

Population Health CQI Partnership



Population Health CQI Operational Model



1 Provider data is collected (either via clinical chart abstraction, claims, or PROMs) and transmitted to the coordinating center



2 The coordinating center analyzes the data to identify variation and high/low performance to identify meaningful QI interventions



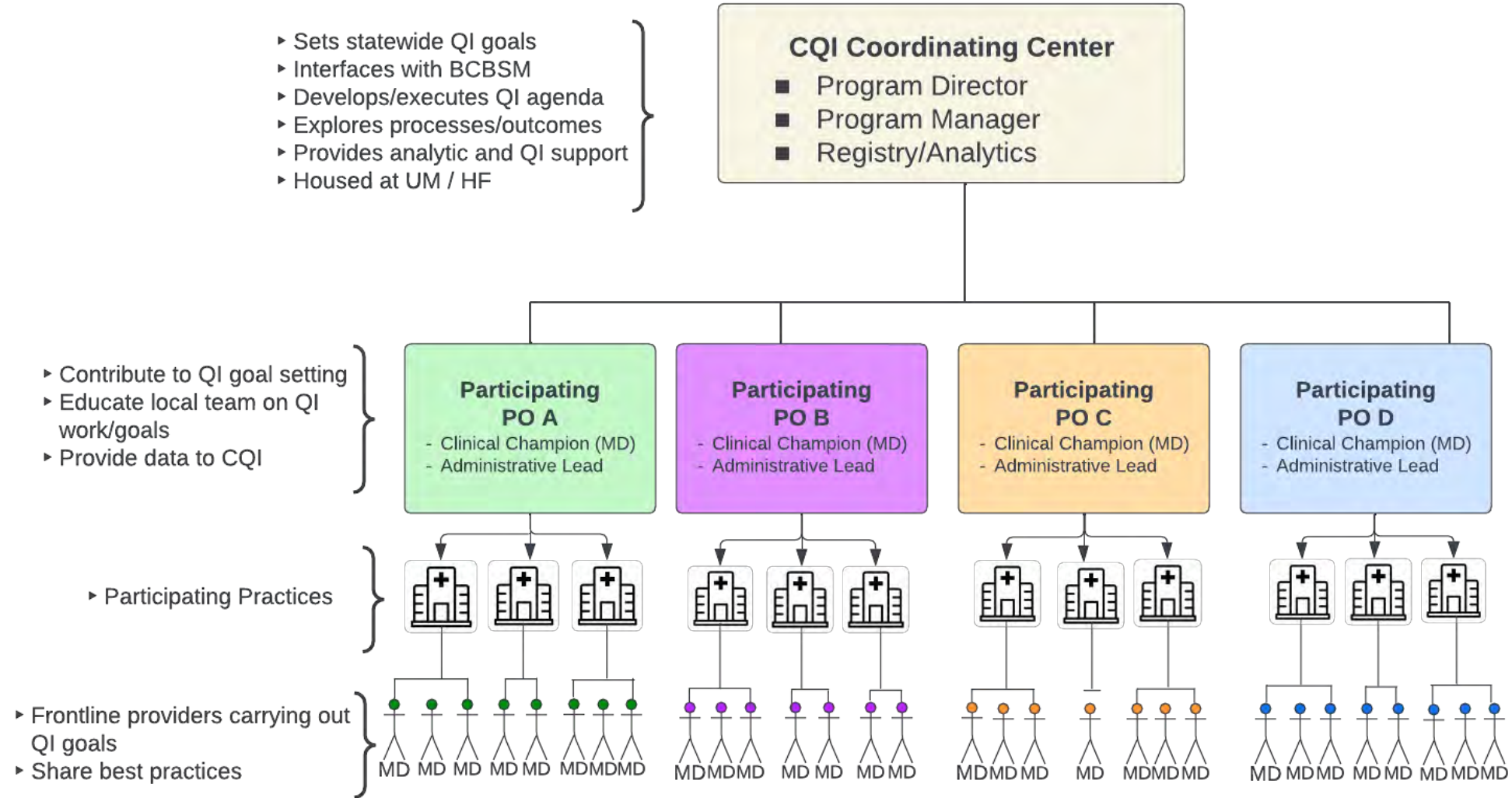
3 The coordinating center develops data registry and reporting platform and clinical dashboard for participants to review performance



4 Thru analysis of data and reporting, the consortium identifies high performers and associated best practices to be shared across the consortium

The CQI's locus of control for quality of care is maintained within the consortium's participant community

Population Health CQI Structure



Population Health vs Legacy CQIs



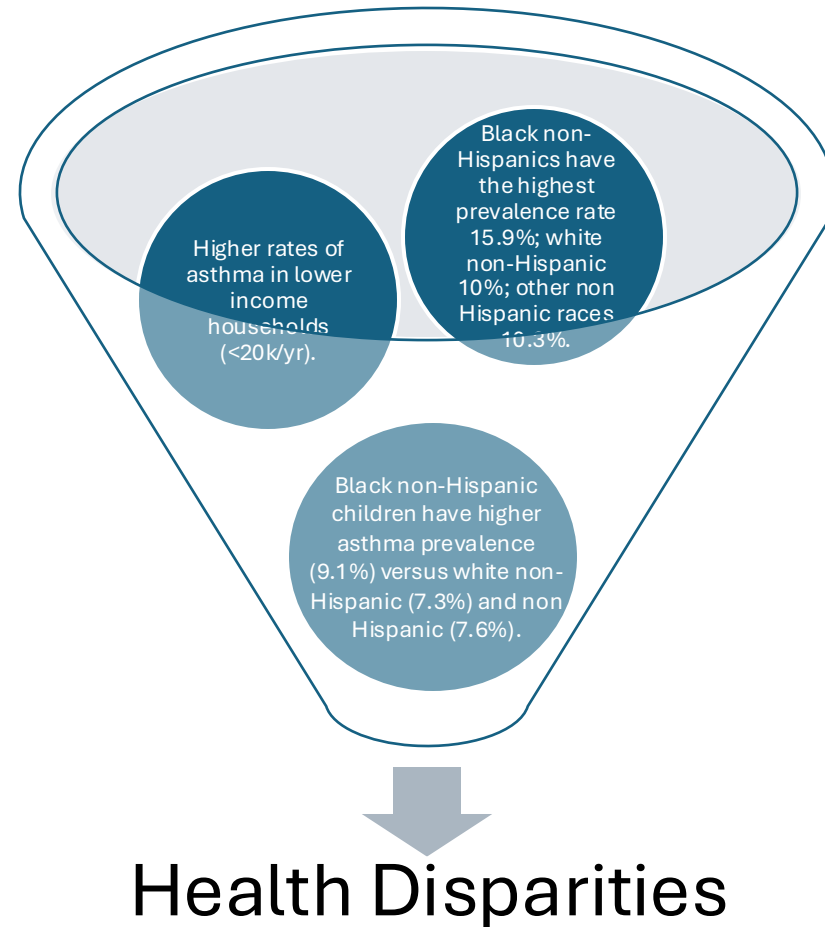
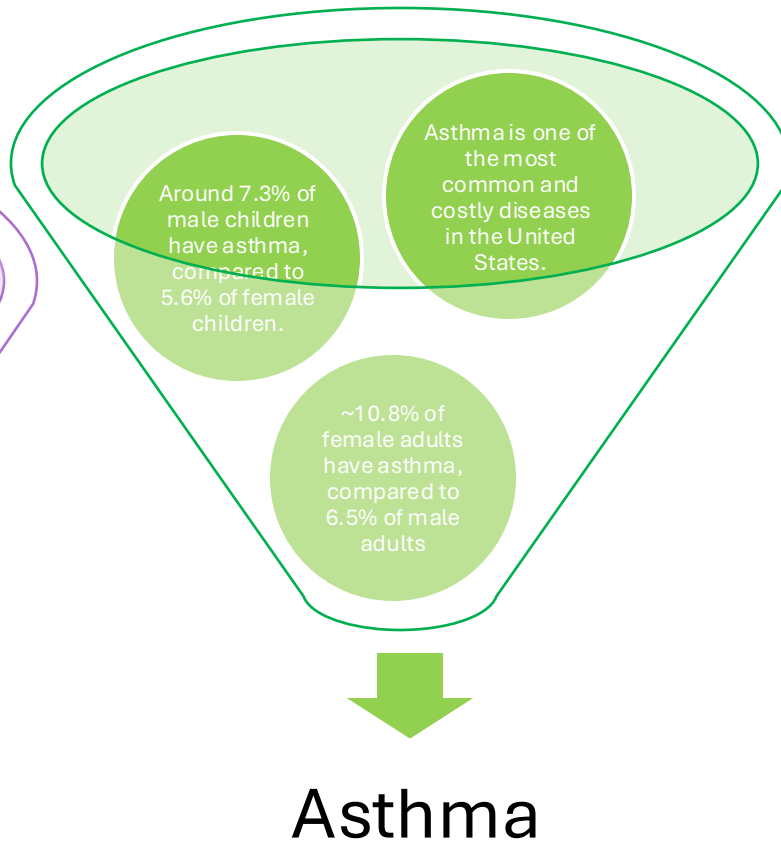
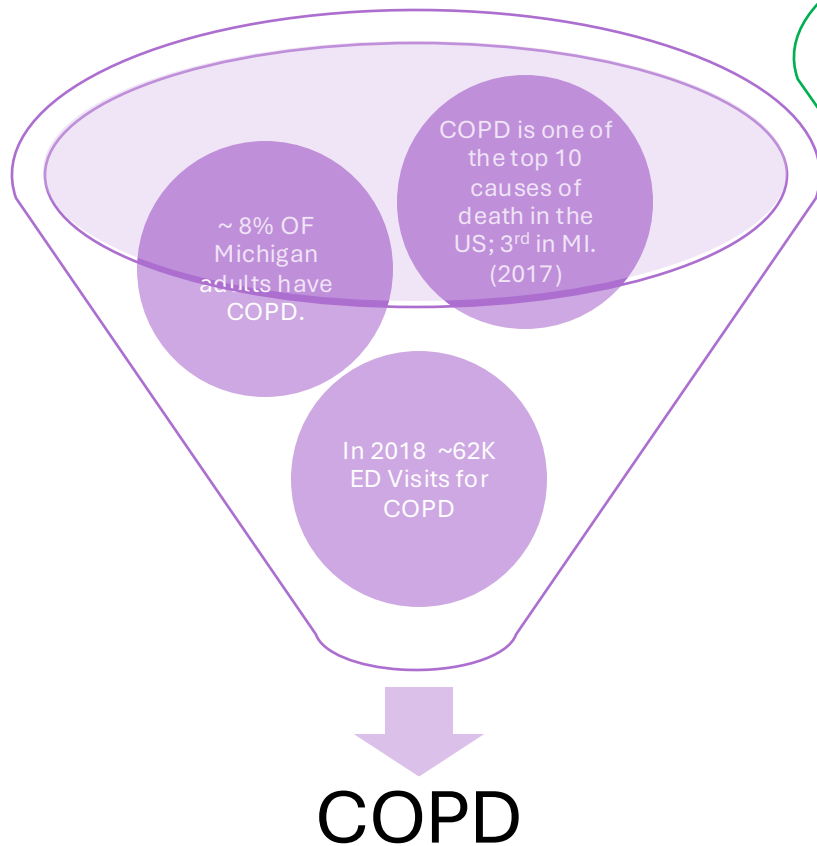
INHALE *(Population Health)*

- Large patient population
- Includes adult AND pediatric patients
- Focus on Primary Care and Specialists
- Includes POs, practices, and hospital systems
- MDC data hub

Legacy

- Have smaller population
- Mostly focused on adults
- Typically, episodic/procedural care
- Focus on Specialists
- Most participate at the hospital level
- Use medical record abstracted registry data
- No PO involvement

Asthma & COPD in Michigan



INHALE Operations



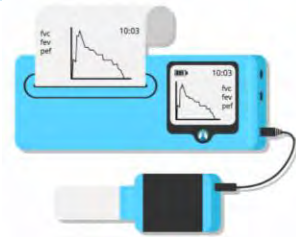
- INHALE recruits PGIP Physician Organizations to participate
- POs then enroll eligible PCP/Pediatric, Allergy, and Pulmonology providers/practices.
 - Each practice is required to have a Clinical Champion and Practice Liaison.
 - Providers must be enrolled in PGIP, PCPs must be PCMH designated and designated in PGIP PA Physician Tool as combined specialty allergy or pulmonology(SCPs).
- Coordinating Center partners with POs and designated Clinical Champions on quality improvement initiatives, sets QI targets, and provides resources and educational materials.

- INHALE contracts the Michigan Data Collaborative (MDC) to build and maintain our data dashboard
 - Statewide, multi provider, multi-payor (future-state) claims data
 - Currently only have BCBSM PPO, BCN, and BCBSM PPO Medicare Advantage and BCNA (MA) data
 - Medicaid data projected 4Q25
 - Will eventually include SDOH and potentially PROs
- Data dashboard refreshed 5x per year
- Allows both POs and Providers to see how their performance compares to others within the PO and to the collaborative (blinded).

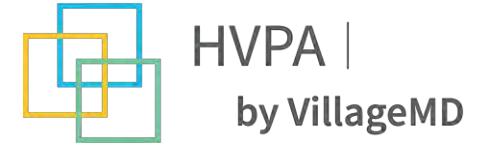
Current Areas of Focus



SPIROMETRY	PATIENT AND PROVIDER EDUCATION	IMPROVE PATIENT OUTCOMES	MEDICATION OVER RELIANCE
<p>Improving access to and the appropriate use of spirometry as a tool to accurately diagnose both Asthma and COPD.</p>	<p>Education for both providers and patients on proper inhaler use; recognition of good disease control and measures to reduce acute exacerbations</p>	<p>Proactively focusing on risk mitigation and exacerbation reduction in addition to enhancing our ability to achieve disease control</p>	<p>Reduce reliance on short acting beta agonists (SABA) and oral corticosteroid overuse (OCS) to improve disease control, reduce exacerbations and long-term adverse effects.</p>



Participating POs



PO General Expectations



INHALE



Category	Description	Responsible
Administrative	Sign and Return all documents within 30 days: <ol style="list-style-type: none"> 1. Participation Agreement 2. Data Use Agreement 3. Business Associate Agreement 	Admin Lead
Administrative	Form a Team to work on INHALE <ol style="list-style-type: none"> 1. PO Administrative Lead 2. PO Clinical Champion 	Admin Lead
Administrative	Communicate with Coordinating Center	Admin Lead
Data	Allow data to be used in peer-reviewed publications to advance QI efforts	Included in DUA
Data	Share required data elements with MiHIN	Included in DUA
Data	Review INHALE Data Dashboard to review relevant measures and performance	Clinical Champion
Quality	Advance best practices	Admin Lead and Clinical Champion
Attendance	Participate in calls and meetings <ol style="list-style-type: none"> 1. Participate in PO monthly calls 2. Attend Collaborative Wide Meeting 3. Attend Regional Meetings 	Admin Lead and Clinical Champion
Practice Engagement	Recruit both SCPs and PCPs to participate	Admin Lead
Practice Engagement	Communicate INHALE information to practice level	Admin Lead
Practice Engagement	Participate in INHALE programs such as discussions, trainings, education.	Clinical Champion and other providers

Administrative Liaison (~5% -10% FTE):

- Responsible for program operations
- Return signed documents
- Recruit eligible providers to participate in INHALE
- Primary contact for INHALE
- Disseminate information from INHALE to participating practices/providers (e.g. upcoming meetings, requirements)
- Develop a QI log with input from Clinical Champion/Quality Assurance
- Attend Collaborative Wide Meeting (1x/year)
- Attendance at Regional Meetings is optional but encouraged

PO Clinical Champion (~5% FTE):

- MD/DO preferred, but may be another licensed medical professional (PA, NP, RN)
- Disseminates performance/educational materials/QI to sites and helps identify/advance best practices
- Participate in INHALE education sessions and train other participating providers in what they learn.
- Assist Administrative Liaison with QI Log
- Assist Administrative Liaison in practice recruitment
- Attend Collaborative Wide meeting (1x/year)

Practice Liaison <5% FTE:

- Oversight of Practice participation in INHALE
- Responsible for forming the team at the Practice level
- Primary contact for the PO and INHALE
- Responsible for ensuring Practice participation requirements are met
- Responsible for disseminating information (meetings, newsletters, etc)
- Attendance at Regional Meetings 2x/year is optional but encouraged

Clinical Champion (10-12 hrs/yr):

- MD/DO preferred for this role, but may be another licensed medical provider (PA, NP, RN)
- Responsible for disseminating performance/QI/educational information to advance best practices
- Shares INHALE educational information/materials with participating providers
- Attends Regional Meetings 2x/year

Participating Providers



Primary Care Providers
342



Pediatricians
228



Pulmonologists
78



Allergist
55



Pediatric
Pulmonologist
11

Stats:
14 POs
242 Practices
714 Providers

PCP/SCP Participation Expectations



Category	Description
Administrative	Identify practice contacts for communicating with POs
Administrative	Communicate with the PO
Administrative	Communicate to the PO pulmonologists and allergist practice refers patients to inform the Coordinating Center
Data	Share required data elements with MiHIN
Data	Provide missing data; submit data corrections as needed
Data	Allow data to be used in publications
Quality	Provide feedback and target QI on INHALE's quality initiatives
Quality	Provide feedback and share best practices
Engagement	Participate in INHALE educational and MOC opportunities
Engagement	Attend INHALE meetings

Eligibility

Practices:

- Must have ≥ 10 BCBSM patients with a diagnosis of Asthma/COPD (PPO, PPO-MA, BCN, BCNA) over a 2-yr period identified by BCBSM claims analysis.

PCPs/Pediatricians/Geriatrics:

- Participating in PGIP
- Must already have PCMH designation

SCPs:

- Participating in PGIP
- Designated in PGIP PA Physician Tool as combined specialty allergy or pulmonology

PO Scorecard



2025 Joining PO Scorecard

Inspiring Health Advances in Lung Care (INHALE) Collaborative Quality Initiative POs Joining 2025			
Measurement Period: 05/01/2025 - 08/31/2025 (unless otherwise specified) PGIP Reward Payment Dates: January 2026, July 2026			
Measure #	Weight	Measure Description	Points
1	33%	PO Practitioner enrollment - related to enrollment of existing practitioners and recruitment of new practitioners during the measurement period. PCPs (primary care physicians) and SCPs (specialist care physicians - allergists and pulmonologists) PCPs must be PCMH designated	50
		POs with PCPs and SCPs - participation of more than 50% of eligible SCPs	
		or POs with only PCPs - participation of more than 25% of PCPs	25
		POs with PCPs and SCPs - participation of more than 20% to less than 50% of eligible SCPs or greater than 25% of PCPs	
		or POs with only PCPs - participation of more than 10% to less than 25% of PCPs	
		NOTE: Failure to meet any portion of this measure means your PO is NOT Eligible for any related PO reward	NO PO Reward
2	5	Sign and return all documents related to PO recruitment within 45 days of committing to participate	
		Returned within 45 days	10
		Returned within 60 days	5
		Returned > 60 days	0

3	10	Ensure PO Administrative Lead and PO Clinical Champion are identified and added to the Admin Portal within 45 days of committing to participate	
		Added within 45 days	20
		Added within 60 days	10
		Added >60 days	0
4	10	PO Clinical Champion and/or PO Admin obtain a MDC Log In in preparation for upcoming measurement year	
		Obtained login	15
		Did not obtain login	0
5	10	Attend 1 of 2 Monthly PO calls	
		Attend 4	25
		Attend 3	15
		Attend <3	0
6	15	PO Clinical Champion attends INHALE Collaborative Wide Meeting	15
		Attends	15
		No attendance	0
6	20	PO Admin attend Collaborative Wide meeting	15
		Attends	15
		No attendance	0
		Did PO meet one of the participation criteria in measurement #1 (yes or no)	Yes or No

For the complete scorecard [click here](#)

Practitioner Rewards

INHALE Value-based Reimbursement (VBR) Opportunities

INHALE offers VBR for Providers (PCPs/SCPs)

- **105% VBR** – follows same VBR fee schedule rules as other PGIP VBR
- This is in addition to any other BCBSM VBR the provider is eligible to earn.
- Additional **102% VBR** for Tobacco Cessation Counseling INHALE + HBOM measure (performance)
 - Not additive if participating in multiple CQIs offering the 2% Tobacco Cessation Measure.
- To incentivize PCPs joining in 2025, participation VBR will be awarded 9/1/2025 (Specialist VBR will start 3/1/2026)
- To earn and maintain INHALE VBR, eligible practitioners, both PCPs and SCPs must meet participation and engagement criteria for their first year, as well as meet performance targets for the Tobacco Cessation VBR.

Providers Types eligible for INHALE VBR

PCPs w/PGIP Combined Specialty of:

- Family Med
- Family Medicine and OMT
- Internal Med
- Internal medicine Pediatrics (dual-boarded)
- Pediatrics
- Geriatric Med
- Gerontology
- Preventative Med
- Adolescent Med

SCPs w/PGIP Combined Specialty of:

- Allergy
- Pulmonology
- Peds Pulmonology

Provider VBR Scorecard

PCPs



INHALE Adult and Pediatric Primary Care Physician (PCP) 2025 VBR Measures

	Measure	Responsibility	Measurement Date	Target/Assessment	Points	Category
1.	Submit the names of Clinical Champion and Practice Liaison	Practice	01/01/2024 – 08/31/2024	Not Completed Completed	0 2	Participation
2.	Practice Clinical Champion attendance at Spring and Fall INHALE Regional Meetings	Practice Clinical Champion	01/01/2024 – 08/31/2024	No Attendance Attend 1 mtg Attend 2 mtgs	0 2 4	Participation
3.	PO Admin Leads, PO Clinical Champions, & PO Primary Contacts attend annual Collaborative Wide meeting	PO	01/01/2024 – 08/31/2024	No Attendance Attend	0 2	Participation
4.	All participating adult/peds PCPs in each practice attend 1 of 4 planned INHALE speaker sessions, live or on demand in 2024	Practice	01/01/2024 – 08/31/2024	<50% Attend 50%-80% Attend >80% Attend	0 1 2	Participation
5.	Complete Practice Resource Assessment survey	Practice	01/01/2024 – 08/31/2024	Not Completed Completed	0 2	Participation
6.	Practice Clinical Champion completes Inhaled Medication Learning Module on the INHALearning Platform	Practice Clinical Champion	01/01/2024 – 08/31/2024	Not Completed Completed	0 2	Participation
7.	BONUS Points: Complete one INHALE Engagement Activity: Case summary, resource library feedback, best practice document, patient experience feedback, Executive Committee nomination	Practice	01/01/2024 – 08/31/2024	Not Completed Completed	0 2	Participation
				Total	Possible pts: 16*	
* The participation score must meet a threshold of 11/16 points to be considered for the INHALE VBR reward. PCMH designation is a requirement of any PCP VBR.						
2025 INHALE PCP VBR Performance Measure (this performance measure must be met to qualify for the VBR)						
8.	Pediatric asthma, adult asthma, and COPD patients ≥2yrs receiving Inhaler Education**	All Providers	01/01/2024 – 08/31/2024	5% Increase in patients receiving Inhaler Ed	5%	Performance
9.	Pediatric/adult asthma and COPD smokers ≥13yrs receiving tobacco cessation counseling [^]	All Providers	01/01/2024 – 08/31/2024	5% Increase in patients receiving TC counseling	2%	Performance
**Participation requirements AND Inhaler education measures must be met to receive the total of 105% offered by INHALE.						
[^] Tobacco Cessation is an additional 2% which is in addition 5% offered by INHALE. The 2% VBR uplift is not additive, meaning that POs that already receive the VBR through another COJ (i.e. MiBAC) will not get an additional 2%.						
NOTE: Reimbursement occurs 9/1/2025-8/31/2026						

Provider VBR Scorecard (SCPs)



INHALE Adult and Pediatric Allergy/Immunology and Pulmonary Disease Specialty Care Physician (SCP) 2025 VBR Measures

	Measure	Responsibility	Measurement Date	Target/Assessment	Points	Category
1.	Submit the names of Clinical Champion and Practice Liaison	Practice	01/01/2024 – 08/31/2024	Not Completed Completed	0 2	Participation
2.	Practice Clinical Champion attendance at Spring and Fall INHALE Regional Meetings	Practice Clinical Champion	01/01/2024 – 08/31/2024	No Attendance Attend 1 mtg Attend 2 mtgs	0 2 4	Participation
3.	PO Admin Leads, PO Clinical Champions, & PO Primary Contacts attend annual Collaborative Wide Meeting	PO	01/01/2024 – 08/31/2024	No Attendance Attend	0 2	Participation
4.	All participating adult/peds SCPs in each practice attend 1 of 4 planned INHALE speaker sessions, live or on demand in 2024	Practice	01/01/2024 – 08/31/2024	<50% Attend 50%-80% Attend >80% Attend	0 1 2	Participation
5.	Complete Practice Resource Assessment survey	Practice	01/01/2024 – 08/31/2024	Not Completed Completed	0 2	Participation
6.	Practice Clinical Champion completes Inhaled Medication Learning Module on the INHALE Learning Platform	Practice Clinical Champion	01/01/2024 – 08/31/2024	Not Completed Completed	0 2	Participation
7.	BONUS Points: Complete one INHALE Engagement Activity: Case summary, resource library feedback, best practice document, patient experience feedback, Executive Committee nomination	Practice	01/01/2024 – 08/31/2024	Not Completed Completed	0 2	Participation
				Total	Possible pts: 16*	
* The participation score must meet a threshold of 11/16 points to be considered for the INHALE VBR reward.						
2025 INHALE SCP VBR Performance Measure						
8.	Pediatric asthma, adult asthma, and COPD patients ≥2yrs receiving Inhaler Education**	All Providers	01/01/2024 – 08/31/2024	5% Increase in patients receiving Inhaler Ed	5%	Performance
9.	Pediatric/adult asthma and COPD smokers ≥13yrs receiving tobacco cessation counseling [^]	All Providers	01/01/2024 – 08/31/2024	5% Increase in patients receiving TC counseling	2%	Performance
**Participation requirements AND Inhaler education measures must be met to receive the total of 105% offered by INHALE. [^] Tobacco Cessation is an additional 2% which is in addition 5% offered by INHALE. The 2% VBR uplift is not additive, meaning that POs that already receive the VBR through another CQI (i.e. MIBAC) will not get an additional 2%. NOTE: If provider has dual designation, must have pulmonology as primary in PGIP Snapshot to qualify for VBR.						

INHALE Support & Resources

What INHALE Provides

Collaboration

- Opportunity to learn from peers across the state
- Leverage a network of practitioners to improve patient outcomes

Tools and Resources

- Develop new and curate existing tools to assist both patients and providers
- Resource bags for practices

Guidance

- Sharing of best practices, guideline-based standard of care
- Clinical updates
- Quality Improvement methods
- Overcoming barriers

Data

- Track progress toward QI performance measures
- Assess areas for improvement
- Identify high performers and share best practices

Education

- Lung Learning Lab webinar series
- Earn CME
- INHALE Learning Platform
- Patient Education Resources

INHALE Resources



INHALE
Inspiring Health Advances in Lung Care



Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association



Billing for Inhaler Education

CPT 94664

Demonstration and/or evaluation of patient utilization of aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing device.

Assessment & Education

Providers may delegate the inhaler technique evaluation and education to staff such as nurses and respiratory therapists.

Common reasons for billing 94664 include:

- training a new nebulizer or inhaler user
- a prescription for a new type of device - moving from one type to another
- assessing and re-educating appropriate technique if a patient poorly controlled

Documentation Requirements

- There must be a signed, written order in the chart for the education, which documents medical necessity.
- Documentation should clearly indicate that the service provided was the increased demand.

DISCONTINUATION ALERT

FLOVENT HFA AND FLOVENT DISKUS BRAND NAMES HAVE BEEN DISCONTINUED AS OF DECEMBER 31, 2023

An authorized generic for Flovent HFA (fluticasone propionate inhalation aerosol) and an authorized generic for Flovent Diskus (fluticasone propionate inhalation powder) are available. However, it is not known at this time if the supply for the generic products will meet the increased demand.

- Although generic alternatives are available, insurance coverage will vary
- Insurance plans that previously covered Flovent brand may/may not necessarily cover the generic version
- Additional details regarding alternatives are provided below, followed by specific dosing recommendations:

Metered-dose inhaler (MDI) Alternatives

- Fluticasone HFA generic
- Alvesco HFA (ciclesonide)
- Asmanex HFA (mometasone)

Recommended to be used with spacer +/- mask

Breath-actuated MDI Alternatives

- Qvar RediHaler (beclomethasone)

Not recommended to be used with spacer +/- mask

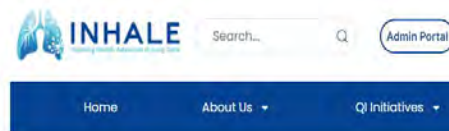
Dry powder inhaler (DPI) Alternatives

- ArmonAir Dighaler (fluticasone propionate)
- Arnuity Ellipta (fluticasone furoate)
- Asmanex Twisthaler (mometasone)
- Pulmicort Flexhaler (budesonide)

Not recommended to be used with spacer +/- mask

Brand	Generic Delivery Indication	Available Product Strengths	Low Dose	Medium Dose	High Dose
Alvesco®	Ciclesonide METERED DOSE	40, 160, 320, 640 mcg/actuation	1 puff BID	1 puff BID	2 puffs BID
Arnuity Ellipta®	Fluticasone furoate DRY POWDER	100, 200, 300, 400, 600 mcg/actuation	1 puff BID	1 puff BID	2 puffs BID
Asmanex® HFA	Mometasone METERED DOSE	50, 100, 200, 400, 800 mcg/actuation	1 puff BID	1 puff BID	2 puffs BID
Asmanex Twisthaler®	Mometasone DRY POWDER	50, 100, 200, 400, 800 mcg/actuation	1 puff BID	1 puff BID	2 puffs BID
Flovent Diskus®	Fluticasone prop. DRY POWDER	50, 100, 250, 500 mcg/actuation	1 puff BID	2 puffs BID	2 puffs BID
Flovent® HFA	Fluticasone prop. METERED DOSE	44, 110, 220, 440, 880 mcg/actuation	1 puff BID	2 puffs BID	2 puffs BID
Pulmicort Flexhaler®	Budesonide DRY POWDER	80, 160, 320, 640 mcg/actuation	1 puff BID	1 puff BID	2 puffs BID
QVAR RediHaler®	Beclomethasone METERED DOSE	40, 80, 160 mcg/actuation	1 puff BID	1 puff BID	2 puffs BID

Brand	Generic Delivery Indication	Available Product Strengths	Low Dose	Medium Dose	High Dose
Breo Ellipta®	Fluticasone furoate/Vilanterol DRY POWDER	100/25, 200/25, 300/25, 400/25, 600/25 mcg/actuation	1 puff BID	1 puff BID	2 puffs BID
Dulera®	Mometasone/Formoterol METERED DOSE	50/10, 100/20, 200/40, 400/80, 800/160 mcg/actuation	1 puff BID	1 puff BID	2 puffs BID
Advair® H	Fluticasone prop./Salmeterol METERED DOSE	40/23, 110/23, 220/23, 440/23, 880/23 mcg/actuation	1 puff BID	2 puffs BID	2 puffs BID



In this video, a child will demonstrate the proper use of a metered dose inhaler using a mouthpiece and a single breath.



Ask the Pharmacist

- Services Offered:
- 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



About the Expert
Nadea Farhat, PharmD, BCPS, BCACP is a board-certified clinical pharmacologist specializing in Michigan Medicine with expertise in chronic disease management, pulmonary diseases, transitions of care, and project management. Inso also serves as a clinical lead with MACMT.

Sign up Here ->

Asthma and COPD Medications

American Lung Association

Quick Reliever Medicines

Short-Acting Beta₂-Agonists (SABA)

Short-Acting Muscarinic Antagonists (SAMA)

Short-Acting Combinations (SABA-SAMA)

Maintenance/Controller Medicines

Inhaled Corticosteroids (ICS) (asthma only)

Long-Acting Beta₂-Agonists (LABA)

Triple Therapy (ICS-LABA-LAMA)

How-To Videos

Categories: Video
Tags: asthma, Inhaler Education, Inhalers, Instructions, MDI, Medication, Triggers:

Name: _____ DOB: _____ Date: _____
Emergency Contact: _____ Phone: _____

My Asthma Medication

MAINTENANCE **RELIEVER**

budesonide/formoterol (Dulera) /4.5 same as maintenance (SMART) /5
 mometasone/formoterol (Dulera) /5 albuterol/budesonide (AirSupra) 90/60 mcg (AIR)

Green Zone: Doing Well **Every day I take:**

My breathing is GOOD
• No coughing
• No wheezing
• Asthma does not wake me from sleep

puff(s) with chamber, _____ times a day

Yellow Zone: Symptoms Starting **Add reliever puffs:**

I am having trouble breathing or I am starting to get sick
• Coughing
• Wheezing
• Shortness of breath

Take _____ puff(s) with chamber, as needed
• If symptoms do not improve after 5-10 mins, take _____ more puff(s)
• May take up to 12 total puffs per day

Orange Zone: In Trouble **Call my doctor:**

I am still having trouble breathing and my reliever medicine is not working
• Constant coughing
• Chest tightness
• Difficulty with daily activities
• Asthma wakes me from sleep

Red Zone: In Danger **Get help NOW:**

My breathing is BAD
• Breathing hard and fast
• Ribs show when breathing
• Neck or stomach caving in
• Hard to talk or walk

Go to the closest ER or call 911
• Take 2 reliever puffs with chamber as often as needed, until you get help
• Sit upright and try to stay calm
• I will see my doctor right away, even if my symptoms get better, and after any visit to the urgent care or ER

How is your COPD? Take the COPD Assessment Test™ (CAT)

Your name: _____ Today's date: _____

How is your COPD? Take the COPD Assessment Test™ (CAT)

This questionnaire will help you and your healthcare professional to measure the impact that COPD (Chronic Obstructive Pulmonary Disease) is having on your wellbeing and daily life. Your answers and test score can be used by you and your healthcare professional to help improve the management of your COPD and gain the greatest benefit from the treatment.

For each item below, place a mark (X) in the box that best describes your current situation. Please ensure that you only select one response for each question.

Example: I am very happy 0 1 2 3 4 5 I am very sad SCORE

I never cough 0 1 2 3 4 5 I cough all the time

I have no phlegm (mucus) in my chest at all 0 1 2 3 4 5 My chest is full of phlegm (mucus)

My chest does not feel tight at all 0 1 2 3 4 5 My chest feels very tight

When I walk up a hill or a flight of stairs I am not out of breath 0 1 2 3 4 5 When I walk up a hill or a flight of stairs I am completely out of breath

I am not limited to doing any activities at home 0 1 2 3 4 5 I am completely limited to doing all activities at home

I am confident leaving my home despite my lung condition 0 1 2 3 4 5 I am not confident leaving my home at all because of my lung condition

I sleep soundly 0 1 2 3 4 5 I do not sleep soundly because of my lung condition

Recruitment Considerations



- Recruit 2-4 new POs in 2025
- If more than 4 POs interested will prioritize:
 - Geographic Diversity
 - Population Size
 - Patient Mix
 - Level of Engagement

Next Steps



- Recruitment window is Feb 10th through April 18th
 - Email INHALE-Support@med.umich.edu expressing interest in joining
- Complete the INHALE application
 - <https://inhalecqi.org/po-application/>
- Meet with the Coordinating Center
- Once recruitment confirmation received from INHALE:
 - Return signed agreements to INHALE
 - Begin recruiting PCPs for participation
 - Identify a PO Clinical Champion and Administrative Lead
 - PO maintains recruited provider participation agreements
- **Provider participation begins September 1, 2025**

Questions?



Thank you for your interest!

Contacts



INHALE-support@med.umich.edu



www.inhalecqi.org



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