



# INHALE NEWSLETTER

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## NEW 2024 Performance-based Measure: INHALER EDUCATION

The INHALE Coordinating Center is happy to announce that the new 2024 performance-based measure will be

### Inhaler Education

This PO-level (PCP + SCP) measure is with BCBSM for final approval!

The intent of the measure is to encourage inhaler education with a focus on improving both the selection of appropriate medication devices and patient technique.

We have **proposed** the following:

- Target Performance: 5% increase in percentage of patients from baseline to measurement year
  - Baseline Measurement: 01/01/2023-12/31/2023
  - Performance Measurement: 01/01/2024- 12/31/2024
- 2% VBR applied to BCBSM PPO commercial claims only. PCMH Designation is required for INHALE PCP VBR, but not for specialists. VBR is applied to codes similarly to all other BCBSM-related PCP or Specialist VBR.
- Claims-based CPT codes will be measured.

**Stay tuned for the final measure details!**

## Health Equity Corner

INHALE Coordinating Center staff, Brenna Dressler and Meghan Spiroff, have been nominated as Health Equity Champions working with [MSHIELD's](#) Health Equity and Anti Racism Training program. As we navigate the ever changing dynamic of healthcare today, Brenna and Meghan hope to share information and valuable tools in each newsletter on how to provide more equitable care to patients and to be an advocate for anti-racism in all aspects of healthcare.



The American Medical Association released a helpful guide called "[Advancing Health Equity: AMA-AAMC Guide on language, narrative, and concepts](#)" to support physicians' conversations with patients. This guide focuses on person first language and scenarios that assist in reframing root causes of disease. We hope it helps you further develop principles for refining and sustaining this critical perspective.

### Highlights from the guide include:

- Suggestions for using "person-first" language such as using "a person living with asthma" rather than an asthmatic.
- Reframing questions with a health equity lens, such as "what about a patients lived environment (neighborhood, access to healthcare, air quality) contributes to health inequities in the first place?"

# COPD: Smoking Cessation Treatment Considerations



The **2023 GOLD Guidelines** emphasize the importance of using pharmacotherapy and non-pharmacotherapy treatments for COPD management; to improve the disease progression and reduce mortality. These interventions include:

- smoking cessation
- pulmonary rehabilitation
- long-term oxygen therapy
- noninvasive positive pressure ventilation
- lung volume reduction surgery

Smoking cessation interventions have the greatest capacity to improve COPD disease progression. Nicotine replacement therapy (NRT) is the most commonly used smoking cessation intervention. There are several dosage forms of NRT, including gum, lozenges, patches, nasal sprays, and inhalers. It is imperative to follow specific instructions on NRT labeling to ensure optimal efficacy and safety of these products.

In addition to NRT, there are two prescription-only FDA approved oral pharmacotherapy options for smoking cessation. These include Varenicline (Chantix) and Bupropion (Wellbutrin SR/Zyban). Both medications should be started at least one week prior to the quit date for optimal efficacy. Providers and patients should work together to determine a quit date in order to plan medication therapies accordingly.

## How to Prescribe

When prescribing NRTs or oral options, providers must consider a patient's comorbidities, medical history, concurrent medications, and previous medication trials. For example, bupropion should not be used in patients with a history of seizure disorders, eating disorders, and specific cardiac conditions. Varenicline should not be used with NRT, and may cause nausea, sleep disturbances, and negative mood changes. Even with these limitations, both therapies are highly efficacious, especially for patients who have failed other treatment modalities related to smoking cessation. With effective planning and appropriate time and resources, the above interventions can help achieve long term **success rates of up to 25%**.

## Tobacco Cessation Counseling

To improve smoking cessation rates even further, brief periods (3-5 minutes) of counseling have been shown to be beneficial. Counseling by healthcare providers can significantly increase quit rates, and further success has been shown based on counseling intensity. Behavioral counseling can be beneficial to all patients, but combining both behavioral counseling and medication therapy is more effective than either treatment alone. Financial incentive programs have also proven beneficial for increasing smoking cessation rates.

**For additional information regarding smoking cessation VBR, please reach out to the INHALE team or refer to volume 1 of the INHALE newsletter. Further educational resources regarding smoking cessation can be found on our website, [inhalecqi.org](http://inhalecqi.org).**

# Eosinophilic Asthma: Opportunity for Improvement

Written by: Dr. Michael McAvoy



Eosinophilic asthma is an important subtype of asthma that can be severe. In approximately 50% of all asthma cases, eosinophils are thought to play a significant role. It has been demonstrated that asthmatics with increased eosinophils in their peripheral blood, sputum, or lung tissue correlate with increased asthma severity.

## Identifying eosinophilic asthma:

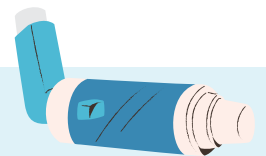
- Prevalent across the entire spectrum of asthma severity and in multiple asthma phenotypes.
- Commonly diagnosed in 35-50 year olds, although also seen in older adults and pediatric patients.
- Adults with eosinophilic asthma frequently suffer from chronic sinus disease and nasal polyposis.

## Evaluating for eosinophilic asthma:

- Normal blood eosinophil counts, less than 500 cells/uL do not exclude eosinophilic asthma.
- In general, sputum eosinophil levels greater than 2% to 3% and blood eosinophil counts greater than 300 cells/uL may be used to define eosinophilic disease; however, some patients still have improved lung function and exacerbation rates when treated for eosinophil levels of 150-299 cells/uL.
- Sputum eosinophils are very hard to measure, and research protocols/some specialized centers are typically the only places that can do it consistently.
- Blood eosinophil counts can fluctuate greatly, and the Global Initiative of Asthma (GINA) guidelines recommend repeating the measurement at least three times when eosinophil counts < 150 cells/uL.
- There is some correlation between FeNO and sputum eosinophilia, which can sometimes help phenotype patients with airway inflammation.

## Treating moderate to severe eosinophilic asthma:

- **For severe asthma,**
  - FDA approved anti-IL-5 monoclonal antibodies benralizumab, mepolizumab, and reslizumab can significantly reduce eosinophilic inflammation.
  - tezepelumab a monoclonal antibody that targets TSLP (thymic stromal lymphopoietin) is FDA approved and works for eosinophilic and less eosinophilic types.
- **For moderate-to-severe asthma,** FDA approved monoclonal antibody dupilumab, an interleukin-4 receptor alpha agonist, which can also significantly reduce eosinophilic inflammation.
- **For moderate-to-severe atopic asthma,** which is often eosinophilic, FDA approved omalizumab, an anti-IgE monoclonal.
- These monoclonal antibodies have been shown to **significantly reduce asthma exacerbations, improve lung function and improve patient quality of life.**



To read the full article from Dr. McAvoy, allergist and immunologist in Saginaw, MI, please visit the resource section on the INHALE website <https://inhalecqi.org>

# Updates & Reminders

## SAVE THE DATE

- Education Workgroup Zoom Meeting
  - **August 7, 2023 @ 4:00pm**
- PO Monthly Phone Call
  - **August 9th @ 2:00pm**
  - **August 14th @ 11:00am**
  - **September 11th @ 11:00am**
  - **September 13th @ 2:00pm**
- Regional Meetings - 6:00pm - 8:00pm
  - **September 26th - Ann Arbor**
  - **September 28th - Grand Rapids**
  - **October 3rd - Grand Blanc**
  - **October 5th - Rochester Hills**
- Asthma Educator Sharing Times - MDHHS Virtual event
  - **October 13th - 11:00am-2:00pm**
  - **October 27th - 11:00am-2:00pm**
    - CME will be available for these events
    - For questions about these events, please contact [VorceT@michigan.gov](mailto:VorceT@michigan.gov)



The MDHHS Asthma Program invites you to learn more about asthma management at [GetAsthmaHelp.org](https://www.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](mailto:GetAsthmaHelpInfo@gmail.com).

## !! EXCITING NEWS !!

Valved Holding Chambers are now covered by BCBSM Commercial plans with BCBSM Pharmacy coverage!

- Preferred VHCs: AeroChamber and OptiChamber (plus masks)
- Quantity limit of 3 chambers per fill.
- Note: not all pharmacies carry these brands. You might need to work through a DME to get the preferred VHC.
- For more information, reach out to Karla at [karla@inhalecqi.org](mailto:karla@inhalecqi.org)

## Director Reflections: 18 months of INHALE

INHALE successfully launched in October 2022 and is currently comprised of 11 physician organizations and 445 providers. We are thankful for the engagement of members of our collaborative and remain confident we will be successful in improving outcomes for asthma and COPD patients in Michigan.

Highlights of our 18 month partnership:

- Partnering with BCBSM to adjust the formulary to allow two ICS-formoterol inhalers per month, enabling providers to follow guideline-based maintenance and reliever therapy (MART).
- Understanding inflammatory phenotypes and measuring peripheral blood eosinophils as an important tool in understanding inflammation and tailoring treatment in patients with asthma.
- BCBSM now reimburses for fractional exhaled nitric oxide (FeNO) testing in patients with known or suspected asthma.

We remain grateful to you and pledge to continue working closely with all members of our collaborative and the team at BCBSM value-based programs to provide access to medications and testing that adheres to the provisions of guideline-based care.



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**INHALE**  
Inspiring Health Advances in Lung Care