



INHALE NEWSLETTER

Newsletter Highlights

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Welcome April Proudlock!

2023 Recruitment:

Specialty Care Practices

The recruitment period for Specialists Opened **October 1, 2023**

- Specialists must be designated as one of the following in the most recent PGIP Snapshot:
 - Allergy, Pediatric Pulmonary or Pulmonary
- SCP Participation Agreements are due to INHALE by **November 1, 2023**
 - NOTE: the due date has been moved up to accommodate BCBSM requirement to have completed lists submitted by 12/01/23
- **Remember** to mark the new providers as “participating” in the Administrative Portal
- 2025 Specialist Participation VBR Requirement specifics:
 - VBR Measurement period: 12/01/2023 - 11/30/2024
 - VBR Reward period: 03/01/2025 - 02/28/2026
 - VBR Reward amount: 105%

[The full Specialist Participation Requirements are linked here](#)

Health Equity Corner

The Asthma and Allergy Foundation of America released it's 2023 Asthma Capital Report which ranks 100 cities based on the following health outcomes: asthma prevalence, emergency department visits for asthma, and deaths due to asthma. This report highlights where efforts can be focused on healthy environments and communities. Currently, Detroit ranks 5th, as one of the worst cities for people with asthma to live in. Other highlights from the report include:

- Details on the Detroit Health Equity Advancement and Leadership program (pg. 27-30)
- Steps to improve asthma outcomes for healthcare providers (pg. 33) and for health insurances companies (pg. 35).
- Tips for advocating to local, state and federal officials

[AAFA 2023 Asthma Capitals Report](#)



DID YOU KNOW...

Fall Allergies



Allergic rhinitis is more than just a runny nose. Along with asthma, the following comorbid conditions of allergic rhinitis can include:

- Acute otitis media
- Depression
- Eczema
- Eustachian tube dysfunction
- Fatigue
- GI symptoms
- GERD
- Laryngitis
- Nasal polyps
- Sinusitis
- Disordered sleep

Asthma Triggers

To have the best chance of successfully treating allergies, symptom triggers must be identified. Triggers can vary by season and geographic location. Fall in Michigan brings a lot of “opportunities” for allergic rhinitis (and asthma) triggers! Here are just a few activities to consider:

- Raking leaves (mold, dust, pollen)
- Composting gardens (mold, pollen)
- Hayrides (mold, dust)
- A trip to the pumpkin patch (mold, ragweed, pollen)
- Bonfires (smoke, mold)
- Haunted houses (mold, smoke or fog machines, dust)

How can you help your patients manage their symptoms?

- Help identify triggers and seasons- history, allergy testing, referral to an allergist.
- Create a mitigation plan-
 - Medications:
 - Antihistamines
 - Nasal steroids
 - Masking when outdoors
 - Showering after being outside
 - Closing windows and using air conditioning
 - Cleaning heat ducts before heat is turned on
 - Carrying reliever inhaler



Spirometry:

A valuable tool in COPD care



Spirometry is a standard breathing test generally used to diagnose COPD in people with chronic respiratory symptoms and exposure to risk factors (predominantly tobacco smoke). It can be useful to confirm airway obstruction, grade the severity of COPD, and help predict outcomes and long-term survival.

Although the diagnosis of COPD requires the presence of non-fully reversible airflow limitation (i.e., $FEV_1/FVC < 0.7$ post bronchodilation), diagnostic spirometry services remain underutilized. Reference values for spirometry measurements are based on a person's sex, age, and height. The main three spirometry measurements are:

- **Forced expiratory volume in 1 second (FEV₁):** The amount of air a patient can blow out hard and fast in one second after taking a deep breath in. Depending on the FEV₁ percent predicted, the spirometric grade of COPD is classified as mild, moderate, severe, or very severe (see below). This spirometric grade can be used to help assess candidacy for advanced COPD therapies (e.g. lung volume reduction interventions) and assess how lung function changes over time (or after a recent COPD exacerbation).

Grade	Gold 1 (mild)	Gold 2 (moderate)	Gold 3 (severe)	Gold 4 (very severe)
FEV ₁ % predicted	≥ 80	50-79	30-49	< 30

- **Forced vital capacity (FVC):** The amount of air a patient can forcibly blow out after taking a deep breath in.
- **Ratio of FEV₁/FVC:** This is the FEV₁ divided by the FVC. Patients who cannot blow out 70% of the air in their lungs in the first second are considered to have airflow obstruction, which may suggest COPD.

Interpretation of spirometry results for the diagnosis and management of COPD and other lung diseases rely on good quality testing. Key components to spirometry interpretation include:

- verifying the accuracy of the spirometry
- using accurate patient demographics and appropriate reference equations
- ensuring the competency of staff who perform the spirometry testing.

The American Lung Association has useful resources and training opportunities for healthcare providers. Everything can be found here: [Spirometry Training](#)

Updates & Reminders

SAVE THE DATE

- Education Workgroup Zoom Meeting
 - **October 16th, 2023 - 4:00pm**
 - Contact Brenna at bdressle@med.umich.edu to be added to the group
- PO Monthly Phone Call
 - **November 8th - 2:00pm**
 - **November 16th - 11:00am**
- Asthma Educator Sharing Times - Asthma Initiative of Michigan virtual event
 - **October 27th - 11:00am-2:00pm**
 - CME will be available
 - For questions about these events, please contact VorceT@michigan.gov
- MTI Informational Session
 - **November 9th, 12:00pm - 1:00pm**

November is National COPD Awareness Month!



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.

INHALE

presents

Lung Learning Labs

Starting in January, INHALE will be offering a monthly educational speaker series via zoom. Providers will learn about various topics from healthcare leaders across the country and will be able to claim CME credit for each event they attend. More information to come!

First Session

Topic: The latest in COPD care

Date: Thursday, January 18th

Time: 12:00pm - 1:00pm



April Proudlock
Program Manager

Welcome April Proudlock!

April joined INHALE as the Program Manager in September 2023. She has over 12 years of experience working in various capacities within the CQIs and most recently as a Project Manager in the Quality Department at Michigan Medicine. April has a nursing background and worked in R&D at Pfizer prior to coming to Michigan Medicine and INHALE.

Fun fact about April she enjoys DIY home projects in her spare time.



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INHALE
Inspiring Health Advances in Lung Care