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RE: Healthy People 2020 Public Comment re Chronic Obstructive Pulmonary Disease (COPD)

Submitted via the web at <http://www.healthypeople.gov/hp2020/comments/>

To Whom It May Concern:

The COPD Foundation is the national not-for-profit organization solely dedicated to representing individuals with COPD in the United States. COPD, or Chronic Obstructive Pulmonary Disease, is an umbrella term used to describe progressive lung diseases, encompassing emphysema, chronic bronchitis, refractory asthma, and severe bronchiectasis. This disease is characterized by increasing breathlessness and is preventable and treatable. Smoking is not the only risk factor for COPD; second-hand smoke, occupational exposure, air pollution and genetic risk factors like Alpha-1 Antitrypsin Deficiency also cause COPD.

NIH estimates that 12 million adults have COPD and another 12 million are undiagnosed or developing COPD. COPD is currently the fourth leading cause of death in the US and is estimated to be the third leading cause of death in the US by 2020. Many believe that COPD is on the rise because it lacks a significant public health infrastructure and has not been a focus of the Chronic Disease Division at the Centers for Disease Control and Prevention.

The COPD Foundation was established to speed innovations which will make treatments more effective and affordable, undertake initiatives that result in expanded services for COPD patients, and improve the lives of patients with COPD and related disorders through research and education that will lead to prevention and someday a cure for this disease. The COPD Foundation is currently engaged in applied public health programs such as the Mobile Spirometry Unit and advocacy aimed at enhancing data collection through the addition of a COPD module on the BRFSS.

The Foundation offers comments on the following 2009 Draft Objectives for Healthy People 2020:

RD HP2020-5 Reduce deaths from Chronic Obstructive Pulmonary Disease (COPD) among adults:

The COPD Foundation is encouraged that this objective has been retained. Professional society guidelines produced by physician groups should be promoted and followed. The key to reducing COPD deaths in the US is better data collection so that public health responses can be designed to respond in a targeted way with programs and policy. Currently no national data source exists that is sufficiently large enough to allow for state level estimates of COPD prevalence. Tackling COPD will also depend on the education and involvement of primary care physicians, allied health professionals, such as respiratory therapists and individuals at risk. Early diagnosis and intervention must be enhanced as evidence of impaired lung function often goes unrecognized until there is significant lung damage and

advanced disease thus limiting effective treatment options. It is also important that the genetic risk factors currently being investigated in the NIH funded research study **COPDGene®** be publicly available and appropriately applied as soon as they are available.

RD HP2020-13 Reduce deaths from Chronic Obstructive Pulmonary Disease (COPD) related hospitalization rates:

The COPD Foundation is encouraged that this objective has been adopted for 2020. The need for data that can be used to develop programs and policy is restated under this category. In addition interventions such as pulmonary rehabilitation should be promoted. Patients with COPD and those with non-COPD respiratory disease can have significant improvements in exercise tolerance and health-related quality of life with pulmonary rehabilitation. Pulmonary Rehab has also been shown to reduce hospitalizations. The COPD Foundation also recommends that respiratory therapists be recognized under Medicare Part B so that beneficiaries do not have to be admitted to the hospital to have access to the allied health professionals with expertise in the treatment and management of COPD. With the exception of the Comprehensive Outpatient Rehabilitation Facility (CORF) benefit, under current Medicare law respiratory therapists are only permitted to provide clinical services outside the institutional setting under the “incident to” a physician’s service benefit category. The delivery of health care services has dramatically advanced especially for pulmonary medicine and the delivery of respiratory therapy services. Medical evidence supports the efficacy of services such as disease management, smoking cessation, proper selection and education on aerosol device delivery systems, and office-based spirometry. Services that once could only be provided in an acute hospital setting are being delivered in alternate care sites. With costly chronic respiratory illnesses often resulting in hospitalizations and hospital readmissions, and COPD as the fourth leading cause of death in the country, the time has come for Medicare to recognize the respiratory therapy profession in settings other than the acute care hospital and the value RTs bring in treating beneficiaries with chronic lung diseases and other respiratory illnesses. In addition to rehabilitation, treatment for COPD can prevent exacerbations and hospitalizations. However, many patients with COPD are managed for other concurrent conditions and the COPD remains undiagnosed. Proactive diagnostic programs should be undertaken to establish accurate diagnosis that will lead to implementation of effective therapy.

RD HP2020-14 Reduce Chronic Obstructive Pulmonary Disease (COPD) related hospital-emergency-department visit rates:

The COPD Foundation is encouraged that this objective has been adopted for 2020. The Foundation agrees with comments submitted by the American College of Emergency Physicians that ***“the key to reducing visits to the Emergency Department for COPD is not only improved longitudinal care, but also better patient education and prevention.”*** The key to prevention of exacerbations is accurate diagnosis and implementation of therapy. Proactive diagnostic programs therefore are key.

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We appreciate the opportunity to comment on this important 10-year national plan to address health and disease prevention. We look forward to the final plan incorporating these important COPD objectives to enhance the desperately needed public focus on COPD to benefit the lives of so many pulmonary patients.

Sincerely,

John W. Walsh  
President

CC: Senator Mike Crapo  
Senator Blanche Lincoln