Goal 2: Improve the Diagnosis, Prevention, Treatment and Management of COPD by Improving the Quality of Care Delivered Across the Care Continuum

I believe…

*Man holding signs*

* Healthcare is a human right
* Cost-effectiveness over profitability

*Sign:*  Appalachian Pulmonary Health Project

If you understand your disease you learn to cope with it - a patient voice

New River Health Association

*Sign:* Better Breathers Club

*Man stretching with band; person exercising on elliptical machine*

* The group of eight works together with exercise and learning
* 24 sessions over 12 weeks

Rehabilitation Improves the Quality of Life of Patients

The staff received a grant to build the Pulmonary Health Project

We used Telemedicine to Continue to Learn as a Staff

* PR is a low cost intervention
* Infrastructure is in place already
* Patients love PR!
* We just need the money to expand to more patients

How Is Pulmonary Rehabilitation Delivered in Rural Settings?

*Highway Sign:* H 200 Miles Ahead

* “How about mileage reimbursement for patients?”
* “Cost is an issue, co-pays can be substantial”
* Beyond 36 miles or 30 minute drive. Compliance with care plan reduces.

How do we Empower and Educate Health Care Providers to Provide Best Care in Rural Areas?

We need to transfer guidelines into practice

*Silhouette of man’s face:* Identify the Trusted Thought Leaders

* Transfer knowledgeable practitioners
* Do the low-cost things (flu vaccines)
* We need case records to aid studies on quality care and metrics

How do we share the vision of PR?

* Simplify
* Unify
* Consistent language and Roadmap for care

*Stopwatch; Man speaking,* “7 minutes is all the time I have”

Patients need more time…they often traveled over 100 miles to get to the care

Patients need more time with healthcare providers to understand their diagnosis and care plan

*Blue heart with social worker, coach, EMT, nurse, respiratory therapist, doctor and homecare individuals and social media and phone options*

Extend the Team…Make it multidisciplinary and get it out to the rural towns and care centers, especially for VA patients

What is the real cost of PR?

* $2,000 per patient for PR, reimbursed for only $1,000, this must change!

How can we align payers to reimburse these extended teams?

If the model is broken – why do we accept it? If we expect 15 minute appointments we will continue to receive it

For VA smoking is the main reason for COPD diagnosis

*Healthy lungs; lit cigarette butt; diseased lungs*

The reward is immediate and the consequence is very remote

What is the role for telemedicine and telementoring for education of providers in rural settings?

We are dealing with a major disease and we need more resources

We need the guidelines to be accessible

-100 pages *arrow* 1 page

Electronic records are not the answer until it is not about profit

*Pocket guide in pocket:* These do works for patients!

Graphics by @StephScribes.