Goal 4: Increase and Sustain Research to Better Understand the Pathogenesis, Diagnosis, Treatment and Management of COPD

Practice Based Research Networks (PBRNs)

* Survey
	+ We have access of trust
* Observational
	+ Deep knowledge of the community and needs
* Clinical Trials

*Woman with man with oxygen tank:* Benefits of PBRNs

* Positive Impact on the Community

Design and Test Novel Approaches

* Is there an impact of wind and dust on the admission of COPD Patients?
	+ YES!
* What practices can we suggest on windy days?

C*hurch building:* Communications: We need to work with people and institutions that people trust to get the message out to those who need it.

In the COPD Community there is lots of depression.

* COPD is a disease that drives people apart no together. It is an isolation problem that keeps them from building coalitions!
* Pulmonary rehab helps people see they can make a difference in their lives and others

*Portable oxygen tank:* Oxygen is what enables me to have a life…and it takes a lot of time and money to maintain it!

*Fungus in lungs:* Why does everyone in Iowa have fungus in their lungs?

Can we test new models of reimbursement and see if care improves?

“We test everyone so the risk to family is known”

* To test or not to test for ATT

We need a quality metric we all embrace to improve care!

Return research results to the community & care givers

*Carrots tied to stick:* What are the carrots and incentives to improve reimbursement for care?

*Young girl becoming older woman:* Pathogenesis: What does early COPD look like?

Tools: We need modern equipment and tools for early detection.

* *Pieces of paper:* Patent: 1850 Spirometry -2018: This is still what we are using

What evidence-based models exist for preventing, diagnosing, and treating COPD in rural settings?

How do we reach farmers and ranchers...In the places they go!

O*pen* *newspaper*

* Extension network
* Get screened. Here are symptoms

*Piece of paper next to a full glass:* Posters in local bars and restaurants

What models of diagnostic and therapeutic delivery are best adapted for rural patients?

Are there additional causes of COPD in rural settings that are not yet known by investigators?

Pulmonary care works because of community and care locally

* It takes a village…

Graphics by @StephScribes