



Aides in Respiration (AIR) Health Coaching Study Provider Consultation Form for Patients with Chronic Obstructive Pulmonary Disease (COPD)

Background and Description

The Aides in Respiration (AIR) COPD study is a randomized control trial of health coaching funded by the Patient-Centered Outcomes Research Institute (PCORI). Two bachelor's level health coaches worked with a pulmonary nurse practitioner to teach patients how to improve the self-management of their chronic lung condition.

How to use this form

This form is designed to guide staff in gathering information from patients with chronic obstructive pulmonary disease (COPD) in order to assist in assessment by a clinician. This information can be given to a primary care provider or pulmonary specialist as a needs assessment for treatment changes or additional evaluation. The questions on this form are answered by both interviewing a patient and reviewing his or her chart. Information should be confirmed from both sources whenever possible.

Helpful tools

Either the CAT (COPD Assessment Test) or the mMRC Dyspnea Scale are necessary to have for this assessment. The mMRC is included on the last page of this form, and the CAT is available [here](#). We also suggest using a color inhaler guide so that patients may point out which inhalers they are taking. A good one is available for purchase from the [Asthma & Allergy Network](#) or you can ask your site's pulmonary department for suggestions.

UCSF Center for Excellence in Primary Care

The Center for Excellence in Primary Care (CEPC) identifies, develops, tests, and disseminates promising innovations in primary care to improve the patient experience, enhance population health and health equity, reduce the cost of care, and restore joy and satisfaction in the practice of primary care. To learn more about the AIR COPD Study, or for information about health coach training for your staff, please visit us at <https://cepc.ucsf.edu/>.

Acknowledgments

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Patient Demographics

MRN _____
Name _____
DOB _____
Gender _____

Primary care clinic _____
PCP _____
Pulmonologist _____
Payer _____

Medical History & Comorbidities

For all conditions, indicate if by patient report only.

Respiratory conditions

- COPD
 - Asthma
 - Allergic rhinitis
 - Other lung conditions (i.e. bronchiectasis, chronic infection): _____
-

Mental health conditions

- Depression
 - Anxiety
 - (poly)substance abuse
 - Specify: _____
-

Cardiovascular conditions

- Coronary artery disease
 - Congestive heart failure
 - Other: _____
-

Other relevant conditions

- Obesity (BMI \geq 30)
BMI: _____
- Diabetes
- Obstructive sleep apnea
- Osteoporosis
- GERD

Other medical problems that impact COPD or self-management: _____

Smoking History

Cigarettes Current Former Never

A. How many years did/have you smoke(d) for? _____

B. How many packs, on average, did you smoke _____
per day? _____

Pack years = A x B: _____

Other smoking history Marijuana Crack cocaine Amphetamines

E-cigarettes Other, specify: _____

Which of the above is patient still currently using? _____

Summary of quit attempts

NRT patches	<input type="checkbox"/> Yes <input type="checkbox"/> No	Effect:
NRT PRN (gum, lozenges)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Effect:
NRT patch + PRN	<input type="checkbox"/> Yes <input type="checkbox"/> No	Effect:
Wellbutrin (bupropion)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Effect:
Chantix (varenicline)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Effect:
Cessation support (classes, 1-800-NoButts, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Effect:

Risk & Symptom Assessment

Has the patient had **2 or more COPD exacerbations in the past year** requiring prednisone OR antibiotics OR a hospitalization in the past year? Yes No

If 'yes' the patient is high risk. If 'no', the patient is low risk.

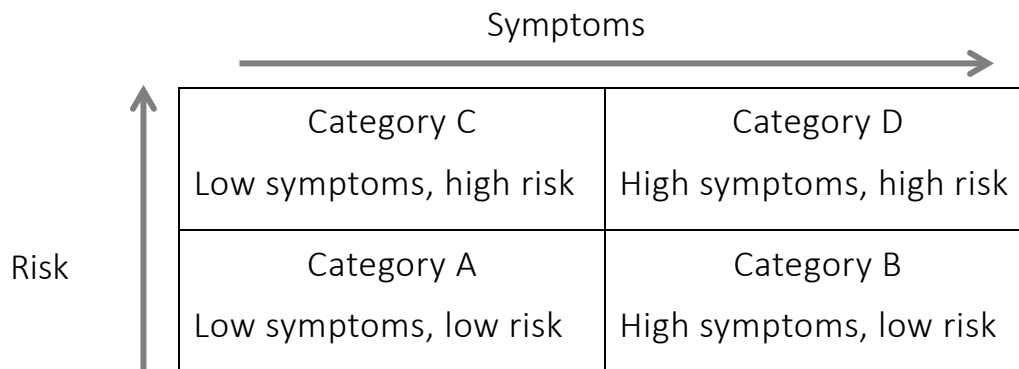
Date	Type of visit (ED, outpt., etc.)	Reason for visit	Prescribed prednisone?	Prescribed antibiotics?
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

1. CAT score _____ 2. mMRC score _____

If **mMRC is ≥ 2 OR CAT ≥ 10** , the symptoms are high. Otherwise, symptoms are low.

Use the tables below to determine GOLD classification category A-D

GOLD classification category (A, B, C, D)	
Degree of symptoms based on mMRC or CAT	<input type="checkbox"/> Low <input type="checkbox"/> High
Degree of risk based on frequency of exacerbations	<input type="checkbox"/> Low <input type="checkbox"/> High



Spirometry

Date	FEV ₁ % predicted	FEV ₁ /FVC	DLCO
	Pre: Post:	Pre: Post:	
	Pre: Post:	Pre: Post:	

COPD/Asthma Medications

Short-acting bronchodilator/ "rescue"

Medication	Dose
<input type="checkbox"/> ProAir	
<input type="checkbox"/> Ventolin	
<input type="checkbox"/> Proventil	
<input type="checkbox"/> Xopenex	
Baseline use:	

Anticholinergics

Medication	Dose
<input type="checkbox"/> Spiriva	
<input type="checkbox"/> Incruse	
<input type="checkbox"/> Tudorza	
<input type="checkbox"/> Combivent	
<input type="checkbox"/> Atrovent	
Other:	

ICS only

Medication	Dose
<input type="checkbox"/> QVAR	
<input type="checkbox"/> Pulmicort	
<input type="checkbox"/> Flovent	
<input type="checkbox"/> Other:	

Other relevant medications

Medication	Dose
<input type="checkbox"/> montelukast (Singulair)	
<input type="checkbox"/> fluticasone nasal spray (Flonase)	
<input type="checkbox"/> propranolol Indication:	
<input type="checkbox"/> roflumilast	
<input type="checkbox"/> theophylline	

ICS/LABA combination

Medication
<input type="checkbox"/> Advair Diskus Dose: <input type="checkbox"/> 100/50 <input type="checkbox"/> 250/50 <input type="checkbox"/> 500/50
<input type="checkbox"/> Advair HFA Dose: <input type="checkbox"/> 45/21 <input type="checkbox"/> 115/21 <input type="checkbox"/> 230/21
<input type="checkbox"/> Dulera Dose: <input type="checkbox"/> 100/5 <input type="checkbox"/> 250/5
<input type="checkbox"/> Symbicort Dose: <input type="checkbox"/> 80/4.5 <input type="checkbox"/> 160/4.5
<input type="checkbox"/> Breo Dose: <input type="checkbox"/> 100/25 <input type="checkbox"/> 200/25
Other:

Durable medical equipment

<input type="checkbox"/> Nebulized medication: <input type="checkbox"/> albuterol <input type="checkbox"/> ipratropium <input type="checkbox"/> DuoNeb Baseline use:
<input type="checkbox"/> Acapella valve <input type="checkbox"/> Home O2 Liter flow: _____ LPM continuous _____ LPM with exertion _____ LPM during sleep Notes re: use/adherence: _____ _____

Asthma Screening

Fill out the following questions as completely as possible to determine extent of asthma overlap. Add details in notes section when applicable.	Notes
When were you diagnosed with asthma?	
Do you have a family history of asthma? <input type="checkbox"/> Yes <input type="checkbox"/> No	Specify family member(s):
Do you have a family history of childhood asthma? <input type="checkbox"/> Yes <input type="checkbox"/> No	Specify family member(s):
Do you have seasonal allergies/hay fever?	<input type="checkbox"/> Yes <input type="checkbox"/> No

What do you notice makes your breathing* worse?

- Strong smells
- Rapid changes in the weather
- Extreme hot or cold
- Stress
- Exposure to allergens

Specify which allergen(s):

- Trees
- Grass
- Animal dander
- Weeds
- Pollen
- Mold
- Dusts/dust mites

Other triggers?

What makes your allergies* worse?

- Trees
- Grass
- Animal dander
- Weeds
- Pollen
- Mold
- Dusts/dust mites

Other allergies?

*Some patients with allergies do not experience worsening respiratory symptoms from allergens, which is why this information is gathered separately.

Seasonal pattern to symptoms? Yes No

Food allergies? Yes No

Do you have carpet? Yes No

Do you have pets? Yes No If yes, are you allergic to pet(s)? Yes No

Does anyone smoke in your house? Yes No

Does your house have roaches? Mice? <input type="checkbox"/> Yes <input type="checkbox"/> No
Can you see or smell mold in your home? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you feel better or worse in your own home versus outside? <input type="checkbox"/> Better <input type="checkbox"/> Worse <input type="checkbox"/> No difference
Do you feel better or worse when spending the night at someone else's house? <input type="checkbox"/> Better <input type="checkbox"/> Worse <input type="checkbox"/> No difference

Obstructive Sleep Apnea Screening

1. Do you ever fall asleep during the day without expecting to (i.e. while reading or watching TV)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you snore?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you ever wake up feeling short of breath?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you ever wake up feeling like you're choking?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you or anyone else noticed that you stop breathing while you're sleeping?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you feel sleepy when you first wake up or during the day even if you got a full nights' sleep?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you ever nodded off while driving?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Past COPD Care & Maintenance

Vaccination	Date of last dose	Indication for COPD patients*
Last flu shot		Every year
PPSV23 (Pneumovax [®] 23)		<ul style="list-style-type: none"> ○ One dose followed by booster after patient turns 65. ○ If vaccinated before age 65, wait at least 5 years before booster. ○ If due but patient also needs a PCV13, PCV13 takes priority. ○ PPSV23 and PCV13 should be given 12 months apart.
PCV13 (Pevnar 13 [®])		Only for patients <u>65 and up</u> unless patient has a condition compromising the immune system. See CDC guidelines for list of qualifying conditions.

*Always confirm with patient's primary care provider before giving vaccinations and defer to CDC for up-to-date recommendations:

<http://www.cdc.gov/vaccines/vpd/pneumo/hcp/recommendations.html>

Program	Participated in the past?	If hasn't participated, willing to be referred?
Better Breathers	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pulmonary rehabilitation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Often only available for Medicare recipients, but consider prior authorization for other insurance plans. PFTs need to show FVC, FEV1, and/or DLCO <65% within 1 year of referral. Chest x-ray also often required.		
Other physical therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home assessment (for patients with asthma symptoms)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Next Steps

Referrals

Program _____

Phone number _____

Fax number _____

Staff responsible for referral _____

Notes for follow-up: _____

Program _____

Phone number _____

Fax number _____

Staff responsible for referral _____

Notes for follow-up: _____

Medication changes

Stop: _____

Start: _____

Change dose: _____

Notes for follow-up: _____

Common Pitfalls

While this form is a good first step, improving COPD care can be a lengthy process. Below are some common pitfalls we found during our coaching study and how to address them.

Problem

A patient is referred to a treatment program, such as pulmonary rehabilitation, but never attends.

Solution

Many outpatient programs require recent diagnostic tests, such as spirometry and chest x-rays. Contact the program prior to referral so that these tests may be ordered. Staff should follow-up with the patient to explain the referral and encourage participation.

Problem

Changes are made to the patient's inhaler regimen but he or she does not have the new inhaler(s) at the next visit.

Solution

This could be for a variety of reasons.

- Formularies change frequently. Be sure a patient's medications are covered by his or her insurance. Usually a suitable alternative is available, or the payer will accept a prior authorization.
- Some inhalers look similar but are prescribed very differently (i.e. ProAir and Symbicort). Be sure the patient understands what changes are being made.
- When making changes to a patient's medication regimen, consider both the patient's willingness to take additional inhalers as well as preferences or abilities in terms of devices. Some newer devices can be intimidating and require more explanation.

Problem

A patient is prescribed a new inhaler but has no improvement in terms of symptoms.

Solution

- Reconciling inhaler use with the patient is a critical step in teaching self-management of COPD care. It is easy for patients to get confused about how to take their inhalers. For a video about how to do medication reconciliation to obtain the most accurate information about what a patient is actually taking, visit [this page](#) of the CEPC's website.
- Our research shows that in our patient population, **only 6%** of patients use their inhalers with perfect technique. Better Breathers classes are one resource available to patients to learn how to use their inhalers. Respiratory therapists, health coaches, and online resources may also be utilized.
- Not all medications will work for all patients. Additional changes may be necessary to find the most suitable regimen

mMRC Dyspnea Scale

Grade	Description of Breathlessness
0	I only get breathless with strenuous exercise.
1	I get short of breath when hurrying on level ground or walking up a slight hill.
2	On level ground, I walk slower than people of the same age because of breathlessness or have to stop for breath when walking at my own pace.
3	I stop for breath after walking about 100 yards or after a few minutes on level ground.
4	I am too breathless to leave the house or I am breathless when dressing

Launois C. BMC Pulm Med. 2012;12:61.