A 56-year-old woman with COPD who currently smokes presents to urgent care with complaints of shortness of breath, productive cough, myalgia, and anorexia. She has a fever of 102.5°F. She has not received a COVID-19 vaccine and recently attended a birthday party where physical distancing guidance was not followed. Chest radiograph shows hyperinflation and flattened diaphragms with some ground-glass opacities in the left lower lobe. Which of her symptoms suggests a presumptive diagnosis of COVID-19 over COPD exacerbation?

1) Fever of 102.9°F 2) Hypertension 3) Hyperinflation 4) Shortness of breath

Which of the following is required to make a formal diagnosis of COPD?

1) Chest x-ray with findings of hyperinflation
2) Sputum culture with negative gram stain
3) Post-bronchodilator FEV1/FVC ratio <70%
4) Arterial blood gas after anphetamine

You are following up with a patient with COPD and need to assign a GOLD ABCD category. The patient’s FEV1/FVC is 0.65. Their mMRC score is 2, and their CAT score is 11. In the past year, they have had 1 exacerbation requiring hospitalization. Which of the following treatment options should you suggest for this patient?

1) LABA + LAMA + ICS 2) LABA + LAMA + a LABA + LAMA + aminosteroid 4) Switch inhaler device

You are seeing a patient who is newly diagnosed with COPD (GOLD group C or D) and need to initiate an oral therapy. Which of your recommended initial pharmacologic therapy for this patient?

1) LABA 2) Bronchodilator 3) LABA + IC 4) LABA + IC + LABA

### Demographics

<table>
<thead>
<tr>
<th>Practice</th>
<th>Participants</th>
<th>All Completers</th>
<th>NP</th>
<th>Nurse Practitioner</th>
<th>Student</th>
</tr>
</thead>
<tbody>
<tr>
<td>NP</td>
<td>3,816</td>
<td>4,735</td>
<td>3,816</td>
<td>4,735</td>
<td>100%</td>
</tr>
<tr>
<td>NP Student/Nurse</td>
<td>2,025</td>
<td>2,900</td>
<td>2,025</td>
<td>2,900</td>
<td>100%</td>
</tr>
<tr>
<td>Other APRN</td>
<td>686</td>
<td>923</td>
<td>686</td>
<td>923</td>
<td>100%</td>
</tr>
<tr>
<td>Other</td>
<td>999</td>
<td>1,386</td>
<td>999</td>
<td>1,386</td>
<td>100%</td>
</tr>
<tr>
<td>Total</td>
<td>5,482</td>
<td>7,952</td>
<td>5,482</td>
<td>7,952</td>
<td>100%</td>
</tr>
</tbody>
</table>

### Target Audience Reached

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-29</td>
<td>34%</td>
</tr>
<tr>
<td>30-39</td>
<td>16%</td>
</tr>
<tr>
<td>40-49</td>
<td>15%</td>
</tr>
<tr>
<td>50-59</td>
<td>14%</td>
</tr>
<tr>
<td>60+</td>
<td>11%</td>
</tr>
</tbody>
</table>

### Practice Setting

<table>
<thead>
<tr>
<th>Setting</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family/primary care</td>
<td>34%</td>
</tr>
<tr>
<td>Acute Care</td>
<td>5%</td>
</tr>
<tr>
<td>Inpatient/Hospital</td>
<td>5%</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>5%</td>
</tr>
<tr>
<td>Pulmonary</td>
<td>1%</td>
</tr>
</tbody>
</table>

### Educational Need:

- **Objective 1:** Identify Indicators for COPD Diagnosis
- **Objective 2:** Select treatments for COPD Patients...
- **Objective 3:** Summarize key updates to the ABCD assessment tool.
- **Objective 4:** Conduct spirometry more often
- **Objective 5:** Assess for alpha-antitrypsin deficiency
- **Objective 6:** Integrate others into COPD care teams

### Data Collection, Measurement and Analysis:

- **Confidence Increased or Increased Significantly:** 91% 86% 86% 83% 82% 82% 81% 81% 81% 81%
- **Differentially between COPD and...**
- **Identify Indicators for COPD Diagnosis:**

### Program Evaluation

- **60-Day Follow-up n=63, 98.4% NP**
- **Confidence Increased or Increased Significantly**
- **Differentiate between COPD and...**
- **Identify Indicators for COPD Diagnosis**

### Faculty

- **Susan Corbridge, PhD, APRN, FAANP, FCPP, FAAN**
- **Executive Associate Dean, College of Nursing**
- **Clinical Professor, College of Nursing**
- **Clinical Professor, Department of Medicine, Division of Pulmonary, Critical Care, Allergy & Sleep Medicine**
- **University of Illinois, Chicago**
- **Corrine Young, MSN, FPNP-C, FCCP**
- **President, Association of Pulmonary Advanced Practice Providers, Director of APP and Clinical Services, Colorado Springs Pulmonary Consultants**

### Program Information

- **Introduction:** Family Medicine and Primary Care practices are where Nurse Practitioners (NPs) have regular and consistent contact with patients and are, therefore, very likely to encounter patients who are experiencing complications from Chronic Obstructive Disease (COPD). It is imperative that NPs understand the disease process, initiate, advance, monitor and appropriate treatment, according to updated guidelines to arrest progression and effectively communicate with patients suffering from COPD.

- **Educational Need:** According to a needs analysis conducted for this program, clinicians:
  - Lack understanding about the diagnosis of COPD, which impacts recognition and reduces their ability to assess COPD severity and provide guideline-concordant treatment.
  - Are not fully aware of the evolving recommendations for management of COPD during the COVID-19 era.

- **Learning Objectives:**
  - Describe the burden of disease associated with delayed diagnosis of COPD.
  - Identify the indicators that must be present to establish a diagnosis of COPD.
  - Differentiate between COPD exacerbations and respiratory infections such as COVID-19 in the urgent care setting.
  - Summarize key updates to the ABCD assessment tool.
  - List recommended treatment strategies when initiating pharmacologic therapy in COPD.
  - Select appropriate treatments for patients with COPD requiring follow-up therapy.

- **Format:** This on-demand, web-based enduring videocast and featured 3-D graphics by BioDigital. A clinical resource tool was developed and made available for healthcare providers to download with the activity and placed in the Tools and Resources section of the AANP website.

- **A 69-year-old man of European descent with a 60-pack-year smoking history presents with breathlessness with minimal exertion, which has progressed in the past 5 years, and a cough that is productive of a small amount of white phlegm each morning. You diagnose COPD. He is started on treatment and smoking cessation pharmacotherapy. Two years later, the same patient is diagnosed with comorbid asthma. Which of the following patient features put him at elevated risk for COPD asthma?
  - 1) Diagnostic delay of 5 years 2) Male sex 3) Symptom of productive cough 4) Use of smoking cessation pharmacotherapy.

- **Your new patient who has never smoked with stage II COPD with persistent exacerbations despite adequate inhaler adherence with LABA + LAMA and appropriate inhaler use. Which of the following treatment options are you considering for this patient?**
  - 1) LABA + LAMA + ICS 2) LABA + LAMA + aminosteroid 3) LABA + LAMA + anticholinergic 4) Switch inhaler device

- **Which of the following therapies is most likely to provide the greatest benefit to your patient with chronic stable emphysema and a resting oxygen saturation of 86%?**
  - 1) Inhaled long acting antimuscarinic (LAMA) daily 2) Oral steroid daily PRN exacerbation 3) Supplemental oxygen used at night 4) Supplemental oxygen used continuously

- **You are following up with a patient who currently smokes and need to assign a GOLD ABCD category. The patient’s FEV1/FVC is 0.65. Their mMRC score is 2, and their CAT score is 11. In the past year, they have had 1 exacerbation requiring hospitalization. Which would you no longer use to categorize COPD for your patient?**
  - 1) CAT score of 11 2) No exacerbation requiring hospitalization 3) mMRC score of 11 4) FEV1/FVC of 0.65

- **Which of the following is one of the following?**
  - 1) Sputum culture with negative gram stain 2) Post-bronchodilator FEV1/FVC ratio <70% 3) Arterial blood gas after anphetamine

- **Are not fully aware of the evolving recommendations for management of COPD during the COVID-19 era.**

- **Educational Need:** According to a needs analysis conducted for this program, clinicians:
  - Lack understanding about the diagnosis of COPD, which impacts recognition and reduces their ability to assess COPD severity and provide guideline-concordant treatment.
  - Are not fully aware of the evolving recommendations for management of COPD during the COVID-19 era.

- **Learning Objectives:**
  - Describe the burden of disease associated with delayed diagnosis of COPD.
  - Identify the indicators that must be present to establish a diagnosis of COPD.
  - Differentiate between COPD exacerbations and respiratory infections such as COVID-19 in the urgent care setting.
  - Summarize key updates to the ABCD assessment tool.
  - List recommended treatment strategies when initiating pharmacologic therapy in COPD.
  - Select appropriate treatments for patients with COPD requiring follow-up therapy.

- **Format:** This on-demand, web-based enduring videocast and featured 3-D graphics by BioDigital. A clinical resource tool was developed and made available for healthcare providers to download with the activity and placed in the Tools and Resources section of the AANP website.

- **A 69-year-old man of European descent with a 60-pack-year smoking history presents with breathlessness with minimal exertion, which has progressed in the past 5 years, and a cough that is productive of a small amount of white phlegm each morning. You diagnose COPD. He is started on treatment and smoking cessation pharmacotherapy. Two years later, the same patient is diagnosed with comorbid asthma. Which of the following patient features put him at elevated risk for COPD asthma?
  - 1) Diagnostic delay of 5 years 2) Male sex 3) Symptom of productive cough 4) Use of smoking cessation pharmacotherapy.

- **Your new patient who has never smoked with stage II COPD with persistent exacerbations despite adequate inhaler adherence with LABA + LAMA and appropriate inhaler use. Which of the following treatment options are you considering for this patient?**
  - 1) LABA + LAMA + ICS 2) LABA + LAMA + aminosteroid 3) LABA + LAMA + anticholinergic 4) Switch inhaler device

- **Which of the following therapies is most likely to provide the greatest benefit to your patient with chronic stable emphysema and a resting oxygen saturation of 86%?**
  - 1) Inhaled long acting antimuscarinic (LAMA) daily 2) Oral steroid daily PRN exacerbation 3) Supplemental oxygen used at night 4) Supplemental oxygen used continuously

- **You are following up with a patient who currently smokes and need to assign a GOLD ABCD category. The patient’s FEV1/FVC is 0.65. Their mMRC score is 2, and their CAT score is 11. In the past year, they have had 1 exacerbation requiring hospitalization. Which would you no longer use to categorize COPD for your patient?**
  - 1) CAT score of 11 2) No exacerbation requiring hospitalization 3) mMRC score of 11 4) FEV1/FVC of 0.65

- **Which of the following is one of the following?**
  - 1) Sputum culture with negative gram stain 2) Post-bronchodilator FEV1/FVC ratio <70% 3) Arterial blood gas after anphetamine

- **Are not fully aware of the evolving recommendations for management of COPD during the COVID-19 era.**