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TOBACCO/VAPING WORK GROUP SETS SIGHT ON REDUCING ACCESS TO VAPING PRODUCTS

As one of the Health Policy Advisory Committee's (HPAC) five identified work groups, the Tobacco/Vaping group is furthering CHEST's long-standing efforts in smoking cessation to counter the growing adoption among adolescents of vaping (e-cigarettes). HPAC member Laura Crotty Alexander, MD, who has been involved in e-cigarette research for the past 7 years, is now heading the efforts of this priority area as she and fellow member Roozehra Khan, DO, FCCP, set their sights on reducing smoking to less than 10% of the general population through regulating access to products for children as well as supporting CHEST's current advocacy efforts. As the group moves forward, they plan to expand partnerships with like-minded organizations and conduct brainstorming sessions to identify tactics to reach the impressionable high school and college-age student population.

"Translating clinical data into advocacy messages is imperative as we leverage the information needed by influencers. School nurses, for example, are a prime advocate in our efforts, and we need to ensure that pulmonologists whose patients ask them about vaping as a means of quitting smoking have the facts," says Dr. Crotty Alexander. CHEST has signed on with 50 other supporting medical societies and other organizations, including the American Thoracic Society and the Campaign for Tobacco-Free Kids, to urge the House Committee on Appropriations to oppose any efforts to weaken the FDA's authority over cigars or any other tobacco products. This same group supported HR 7286, Quit Because of COVID-19 Act, introduced by Representative Lisa Blunt Rochester (D-Delaware), urging that all Medicaid and Children's Health Insurance Program enrollees have access to the full array of evidence-based tobacco cessation programs.

Dr. Crotty Alexander emphasizes, "Information is life-saving. Knowledge is power. We have the opportunity to take this message to national regulators for the benefit of the health of our patients and the nation to further the success CHEST has already had in this space."

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Be sure to check [chestnet.org](https://www.chestnet.org) and *CHEST Today* for COVID-19 related education, practice, and regulatory updates.

PATIENTS' NEEDS AND KNOWLEDGE KEY TO OXYGEN PRESCRIBING GROUP

"We must advocate for our patients with regulators so that our patients can live comfortably while meeting their supplemental oxygen needs as conveniently as possible," says HPAC Oxygen Prescribing and Education group leader Robert De Marco, MD, FCCP. He explained that many patients express dissatisfaction with their oxygen equipment and services. "By ensuring that people who need oxygen get the right equipment in a manner that suits their personal lifestyles, we will increase compliance and improve our patients' quality of life."

In a recent [study](#) by the American Thoracic Society Nursing Assembly Oxygen Working Group, Jacobs and colleagues describe the frequent and varied difficulties, particularly related to instruction and adequacy of portable systems that supplemental oxygen users face. They highlight that professional and physician organizations are central to improving patient education and implementing systems that will enhance the personalized services patients need. In a 2019 [paper](#) in the journal *CHEST*[®], Jacobs found that physicians' understanding of CMS oxygen prescription requirements, tailoring equipment to specific patient needs, and exhibiting how to resolve oxygen problems would significantly improve quality of life for patients needing oxygen.

The HPAC group seeks to generate an understanding at CMS about the various challenges created by changes in device technology and prescribing procedures as well as to identify ways to make it easier for physicians to focus on patients' education needs. One resource the group will highlight is the [CHEST Foundation's Oxygen Toolkit](#), made available to patients through the generosity of the [Erin Popovich Endowment](#), which centers around reducing barriers to access to care, empowering patients, and furthering research. The Oxygen Toolkit is a valuable instrument to add to clinicians' repertoire of patient education aids and contains an overview of every type of oxygen and delivery system available; tips and tricks for patients and caregivers; access to local support groups and resources; words of encouragement from fellow oxygen users; and essential supplies (lip balm, band aids, medical tape, extra tubing, and more). "Support and understanding to create resources that meet our patients' needs is such an important example of how we can all work together in this advocacy effort," says Dr. De Marco. The Oxygen Toolkit can easily be obtained for patients by their physicians through a request form that only takes a quick email from the provider.

"Just as I came to recognize the importance of advocating for my patients' needs through community service opportunities, the plans we have in the regulatory and policy arena can provide a means for CHEST members to make a visible difference in their patients' lives," Dr. De Marco encourages. "Anyone with an interest in creating change should get involved. We have the opportunity to speak to those in agencies, organizations, and places of influence on behalf of our patients and our profession. We have a chance to be the change."

PRESENTATION TO MEDCAC PANEL ON NIPPV IN PATIENTS WITH COPD

In response to an invitation from the Medicare Evidence Development and Coverage Advisory Committee (MEDCAC), Lisa Wolfe, MD, FCCP, was chosen to represent CHEST at the July 22 panel. Dr. Wolfe presented scientific evidence on the types of noninvasive positive pressure ventilation (NIPPV) equipment that best support patients with chronic respiratory failure consequent to COPD. Dr. Wolfe is a member of CHEST's Health Policy and Advocacy Committee and is a Professor of Medicine (Pulmonary and Critical Care) and Neurology at Northwestern University's Feinberg School of Medicine. She is an expert in NIPPV therapy and home-based devices.

In advising MEDCAC in a written letter, CHEST leaders also pointed out that the severe COPD patient population is typically an amorphous group; in many cases patients present with overlapping clinical syndromes. These areas of overlap/comorbidities include OSA and obesity hypoventilation with severe COPD. A patient's comorbidities frequently define different equipment needs for specific therapy. Their letter went on to emphasize that many patients requiring NIPPV in the outpatient setting are not only patients with COPD or represented in the overlap syndromes, but also include post-COVID-19 respiratory failure; end stage lung disease due to other disease groups, such as pulmonary fibrosis or other interstitial lung disease; neuromuscular diseases causing respiratory failure; thoracic restrictive disorders; and central sleep apnea.

They continued to advise that any comprehensive policy addressing home mechanical ventilation will require additional review to address these disease states as well as the appropriate devices to support these patients. Given the costs associated with the use of home mechanical ventilation (HMV) and the rapidly advancing technology and capabilities of equipment, CHEST suggested forming a technical expert panel (TEP) to provide recommendations to CMS to update the now-outdated national coverage determination.

From a historical perspective, the original respiratory assist device guidelines were established through a CHEST/NAMDRC task force dating back to 1998.

The new TEP would bring those recommendations up to current standards. CHEST would plan to join related societies in a TEP to make recommendations to CMS for revising the coverage policies, including defining chronic respiratory failure, mechanical ventilation, and mechanical ventilators. Whether CMS chooses to move forward in this effort themselves or prefers the clinical community to move ahead on its own, the letter stated that there is now urgency to begin. The HPAC is aware that most pulmonary medicine providers are frustrated by the current rapid expansion of HMV. TEP is a pathway to help to change the guidelines to get the right device to the right patient.

Watch future issues of *Washington Watchline* for further information on outcomes and actions from the MEDCAC panel meeting.

CLINICIAN MATCHING NETWORK NEEDS HEALTH-CARE WORKERS

As the COVID-19 pandemic persists throughout the US, the American College of Chest Physicians (CHEST), the American Thoracic Society (ATS), and PA Consulting's Clinician Matching Network continues pairing qualified health-care workers with locations in need. If you are a clinician who wishes to participate, learn more about the program [here](#).



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