

Clinical Guidelines for the Diagnosis, Management and Prevention of Chronic Obstructive Pulmonary Disease (COPD)

MVP Health Care, as part of its continuing Quality Improvement Program, adopted the most recent American Thoracic Society guideline. The full guideline is available at [COPD \(thoracic.org\)](https://www.thoracic.org).

Another resource is the [Global Initiative for Chronic Obstructive Lung Disease - GOLD \(goldcopd.org\)](https://goldcopd.org).

COPD cannot be cured but can be ameliorated. COPD includes chronic bronchitis and emphysema.

Smoking cessation is difficult but vital. In New York, help for patients and practitioners is available from the New York State Department of Health at [NY SmokeFree](https://www.ny.gov/quit-smoking); in Vermont, at [Quit Smoking and Tobacco | Vermont Department of Health \(healthvermont.gov\)](https://www.healthvermont.gov/quit-smoking).

Impact of COPD

- Death rate per 100,000 Americans: 36.9 (2019)
- COPD was the fourth leading cause of death in the United States in 2018
- Almost 13 million Americans (5.6%) reported that they have been diagnosed with COPD (2020)—and the number of undiagnosed is unknown

Source: [Chronic Obstructive Pulmonary Disease \(COPD\) | CDC](https://www.cdc.gov/chronicdisease/about/conditions/copd/)

Summary of the Guidelines

Spirometry is necessary to make the diagnosis, for all patients, by the definition of COPD. It may also play a role in ongoing assessment.

Smoking cessation is the single most effective and important therapy. Medications to aid with this are readily and widely available over the counter and by prescription.

Long-acting inhaled bronchodilators are the basis of pharmacologic therapy for COPD. Other therapies which may be used include but are not limited to inhaled or oral corticosteroids or both as well as other inhaled and systemic therapies.

For patients with moderate-to-severe disease, pulmonary rehabilitation may be useful. Additional tools to assist providers with caring for their patients with COPD are included in the Provider Quality Improvement Manual.

Quality Programs and Initiatives | MVP Health Care

To support providers in efforts to optimize COPD care, MVP makes tools available free of charge at [Quality Programs and Initiatives | MVP Health Care](https://www.mvphealthcare.com/quality-programs-and-initiatives)

This guideline is not intended to replace the role of clinical judgment by the physician in the management of this, or any other disease entity. It is an educational guideline to assist in the delivery of good medical care. All treatment decisions are ultimately up to the physician.

Where medication recommendations are made, please refer to each health plan's formulary for coverage considerations.

MVP Health Care updates its clinical guidelines at least every two years. The review process is also initiated when new scientific evidence or national standards are published. Practitioners are alerted via the web site and by written notices from the plan via fax or newsletter. A hard copy of the clinical guideline can be requested by calling the MVP Quality Improvement Department at **800-777-4793**.