



Title: COPD Screening Guideline
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Date Approved by Board of Directors:
Clinical Guideline # CGC-CG-#29

Purpose: To establish a standard for screening patients to determine whether or not a patient should proceed to take a spirometry test to confirm COPD diagnosis.

Clinical Guideline:

In 2016, the U.S. Preventative Services Task Force (USPSTF) made a recommendation against screening asymptomatic adults for COPD using spirometry¹, concluding that “early detection of COPD, before the development of symptoms, does not alter the course of the disease or improve patient outcomes”². Nonetheless, the USPSTF clarifies that a patient at-risk due to “exposure to cigarette smoke or heating fuels; occupational exposure to toxins, dusts, or industrial chemicals; exposure to environmental pollution, such as wood smoke and traffic pollutants; history of asthma or childhood respiratory tract infections; and α_1 -antitrypsin deficiency” presenting symptoms of chronic cough, sputum production, dyspnea, or wheezing should be administered “a formal prescreening questionnaire and, if positive, follow-up with diagnostic spirometry testing or screening spirometry administered without a bronchodilator and, if positive, follow-up with diagnostic spirometry testing”³. In the event that these symptoms present, the following screenings outlined below are acceptable (as an alternative to diagnostic spirometry) and are eligible for payment by Care Compass Network through the 4.b.ii project. These have been identified by the USPSTF as externally validated. A spirometry test must be conducted if yielding a positive result to confirm a COPD diagnosis.

The COPD Diagnostic Questionnaire

While these questions are not publicly made available, this tool has been validated and would be acceptable for use for the purposes of this project.

¹ Final Recommendation Statement - Chronic Obstructive Pulmonary Disease Screening. (2016). Retrieved August 24, 2016, from <http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/chronic-obstructive-pulmonary-disease-screening>.

² USPSTF Recommendation: Screening for Chronic Obstructive Pulmonary Disease. (2016, April 5). Retrieved August 24, 2016, from <http://jama.jamanetwork.com/article.aspx?articleid=2510917>.

³ USPSTF Recommendation: Screening for Chronic Obstructive Pulmonary Disease. (2016, April 5). Retrieved August 24, 2016, from <http://jama.jamanetwork.com/article.aspx?articleid=2510917>.

The COPD Population Screener

Using the COPD Foundation's COPD Population Screener⁴, ask the patient the following series of questions to determine necessity of spirometry testing.

1. During the past 4 weeks, how much of the time did you feel short of breath?
 - None of the time
 - A little of the time
 - Some of the time
 - Most of the time
 - All of the time

2. Do you ever cough up any "stuff," such as mucus or phlegm?
 - No, never
 - Only with occasional colds or chest infections
 - Yes, a few days a month
 - Yes, most days a week
 - Yes, every day

3. Please select the answer that best describes you in the past 12 months. I do less than I used to because of my breathing problems.
 - Strongly Disagree
 - Disagree
 - Unsure
 - Agree
 - Strongly Agree

4. Have you smoked at least 100 cigarettes in your ENTIRE LIFE?
 - No
 - Yes
 - Don't know

5. How old are you?
 - Age 35 to 49
 - Age 50 to 59
 - Age 60 to 69
 - Age 70+

This questionnaire produces a score between 0 and 10. A 5 or higher indicated that breathing problems may be caused by COPD. As a score increases, the chances that a patient has COPD increases. The scoring can be done online at the web address listed in footnote 4.

⁴ COPD Risk Screener | COPD Foundation. (2016). Retrieved August 24, 2016, from <http://www.copdfoundation.org/Screener.aspx>.

The Lung Function Questionnaire

Using the Lung Function Questionnaire⁵, grade the patient using the following series of questions to determine necessity of spirometry testing.

1. How often do you cough up mucus?

5 – Never
4 – Rarely
3 – Sometimes
2 – Often
1 – Very Often

Score _____

2. How often does your chest sound noisy (wheezy, whistling, rattling) when you breathe?

5 – Never
4 – Rarely
3 – Sometimes
2 – Often
1 – Very Often

Score _____

3. How often do you experience shortness of breath during physical activity (walking up a flight of stairs or walking up an incline without stopping to rest)?

5 – Never
4 – Rarely
3 – Sometimes
2 – Often
1 – Very Often

Score _____

4. How many years have you smoked

5 – Never smoked
4 – 10 years or less
3 – 11-20 years
2 – 21-30 years
1 – More than 30 years

Score _____

⁵ Lung Function Questionnaire. (2013). Retrieved August 24, 2016, from http://www.globalhealth.com/docs/wellness/manage/Lung_Function_Questionnaire.pdf.

5. What is your age
 - 5 – Less than 40 years
 - 4 – 40-49 years
 - 3 – 50-59 years
 - 2 – 60-69 years
 - 1 – 70 years or older

Score _____

Overall Score (items 1 through 5 scores added) _____

If the score is 18 or less, the patient may be at risk for COPD. Spirometry testing should be used to confirm diagnosis.

Other

In the event that a partner organization has an existing template or procedure that they would prefer to use, the following item set must be asked of a patient or the information otherwise documented (for example, as a standing required field in the EMR):

1. Smoking History (preferably including exposure to second-hand smoke)
2. Persistent Cough with Mucus Production
3. Shortness of Breath
4. Wheezing/Noise in Chest
5. Age

When PPS clinical protocols and pathways are developed through the Clinical Governance Committee(s) of the PPS and approved by the CCN Board of Directors and are applicable to Partner Organization's delivery of health care services and project participation, such protocols and pathways shall not (1) override the professional judgment of Partner Organization and its licensed health care professionals in treating patients in individual cases or (2) interfere with the governing body/established operator of any licensed health care facility or its medical staff in overseeing the provision of clinical services to patients and the quality of care.

Clinical Guideline Board Approval History:

Clinical Guideline Revisions:

Date	Revision Log	Updated By
08/15/2016	Initial Draft	R. Haller

This Clinical Guideline shall be reviewed periodically and updated consistent with the requirements established by the Board of Directors, Care Compass Network’s senior management, Federal and State law(s) and regulations, and applicable accrediting and review organizations.