

Bronchitis and Emphysema Advice and Training to Reduce Hospitalizations (BREATH): A Randomized Control Trial of Disease Management to Prevent COPD Hospitalizations

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Background / Rationale:

To evaluate the efficacy and cost-effectiveness of an intervention incorporating self-management education, an action plan, and case-management to decrease the risk of hospitalizations due to COPD among veterans.

Objectives:

The BREATH intervention is designed to enable patients with COPD to manage their disease more effectively, by monitoring their symptoms and initiating appropriate action when their symptoms worsen. The goal of the intervention is an informed and activated patient working with an informed, skilled case manager to improve self-management of COPD and ultimately clinical outcomes. By targeting patients at high risk for exacerbations, this study focuses on the population in which the needs and potential impact are the greatest.

Methods:

This is a randomized controlled study comparing a comprehensive self-management program to standardized COPD care. An intent-to-treat analysis will be used to determine the efficacy of a comprehensive self-management program for reducing the risk of COPD hospitalization in veterans with severe COPD in comparison to patients receiving standardized COPD care.

Patients were eligible if they were followed in the primary care or pulmonary clinics and were seen at least once in the past year. Additionally, patients must have had a confirmed COPD diagnosis, had a COPD hospitalization in the previous year, had no COPD exacerbations in the last 4 weeks, be English-speaking, and have access to a telephone.

The multicenter study was conducted in 2 phases. A 12-month feasibility study conducted at 6 VA sites followed by expansion to the full study in which approximately 17 additional sites enrolled patients over the next 24 months. The comprehensive care group received an initial, intense education program with development of an action plan, and regular telephone contacts by a case manager in addition to standardized COPD care. The control arm received standardized care that incorporated guideline-based recommendations including influenza vaccination, a short-acting bronchodilator, and either a long-acting bronchodilator or inhaled corticosteroid inhaler (based on VA guidelines).

Findings / Results:

A total of 426 patients have been enrolled into study to date at the participating sites. Recruitment and the comprehensive self-management education program in VA CSP #560 ended in February, 2009, and subjects enrolled continue to be followed during an observational follow-up period through October, 2010.

Status:

In observational follow-up period.

Impact:

None at this time

Publications:

None at this time