

IMPACT BE: A New Airway Clearance Resource to Help Educate the Non-CF Bronchiectasis Patient

In this feature, Respiratory Therapy interviews clinicians and healthcare providers about the actual application of specific products and therapies. This interview is with Steve Robins and Carol Capece, founders and partners of the SPARK Group.

Respiratory Therapy: Tell us a little about yourself and the SPARK consulting group

Steve, Carol: We launched SPARK Healthcare 10 years ago with the clear mission of identifying unmet needs in disease states we felt strongly about and creating evidence-based solutions which address those needs. We've created programs to help children with cystic fibrosis (CF) transition from pediatric to adult care, empower people with gastrointestinal disease to improve treatment adherence, and provide physicians with the information they need to more efficiently identify and diagnose patients with non-CF bronchiectasis. We're proud of the fact that our work has been published in a number of medical journals and that it's featured in quality improvement initiatives in clinics around the country.

We've always had at least one foot in the pulmonary care category, partnering with healthcare providers, researchers, patient opinion leaders, and advocacy groups to develop unique program solutions in CF, non-CF bronchiectasis, asthma, and beyond. We're thrilled to partner with the team at International Biophysics Corporation, manufacturer of the AffloVest, to create "IMPACT BE" (Individual Management of Patient Airway Clearance Therapy) to support people that have been diagnosed with non-CF bronchiectasis, a severely underserved patient population.

RT: What is the IMPACT BE program and how did this get started?

S, C: IMPACT BE provides a structured toolset that non-CF bronchiectasis patients and healthcare providers can use together to help assess, evaluate, and educate on airway clearance treatment (ACT) options.

From the literature and from our interactions with pulmonary care professionals, we knew there was a paucity of support resources for the non-CF bronchiectasis patient community. The diagnosis can take 2 years or more and, even then, there are no approved medications to treat the disease. We wanted to do something that could make a difference in this community. In speaking with pulmonary care team members around the

SPARK is strategic consultancy that develops public health educational programs focusing on improving treatment adherence, improving the clinician/patient relationship, and driving clinic efficiencies to achieve better patient health outcomes. If you would like to participate in this feature, as a company or healthcare provider, please contact Steve Goldstein at s.gold4@verizon.net.

country, we knew these patients could benefit – both in terms of improved lung function and quality of life – from adopting an airway clearance routine. Our own research with care teams suggested there was no structured approach to introduce airway clearance to non-CF bronchiectasis patients, to get them off on the right foot, and ensure they were sticking with it. When we discussed this issue with the team at International Biophysics and the IMPACT Advisory Team, we began to brainstorm ideas that led to the creation of IMPACT BE.

RT: What is the primary clinical need being addressed by this project?

S, C: The majority of non-CF bronchiectasis patients have a difficult time clearing mucus, and the resulting buildup of material in their large and small airways creates an ideal environment for bacteria to get trapped and grow which can lead to inflammation, infection, etc. These patients are hospitalized frequently due to persistent lung infections and associated complications. Treatments at home and in-hospital often consist of various courses of antibiotics. Airway clearance, while considered a standard part of the treatment regimen, is seldom discussed in detail, and care team members representing large and small pulmonary programs across the country agreed that a structured approach to discussing all airway clearance options with their non-CF bronchiectasis patients would be highly valued.

RT: What are the primary objectives of the program for the clinician and the patient?

S, C: IMPACT BE is a structured toolkit for non-CF bronchiectasis patients and healthcare providers that:

1. Brings structure and efficiency to how airway clearance is discussed in the clinic
2. Proactively addresses patient knowledge and skill gaps around airway clearance, and
3. Improves patient adherence to airway clearance therapies and health outcomes

RT: Can you tell us who is involved with project?

S, C: To ensure we were developing a solution that meets the needs of the non-CF bronchiectasis community, we assembled the IMPACT Advisory Team. This team is comprised of a multi-disciplinary team of researchers who have deep experience in non-CF bronchiectasis and represent centers of various sizes and geographies. We'll also be soliciting feedback on the program resources directly from non-CF bronchiectasis patients through market research and the pilot program.

RT: How will the program be rolled out?

S, C: We're getting input from the IMPACT Advisory Team and patients at key project milestones, but we know that what we're creating will need refinement before it's ready for national rollout. With this in mind, we're planning a 10-clinic pilot program that will begin in the fall of 2019. During the pilot, we will measure program uptake and adoption, assess the feasibility of implementation in the clinic setting, and gain qualitative feedback from patients and healthcare providers on the program tools. We will then incorporate feedback from the pilot centers and prepare for a national rollout. Once the program is finalized, "Peer Coaches" will be available to train care teams across the country and instruct them on how to use the program, best practices that grew out of the pilot, and how they can measure success.

RT: What are the major components of the program?

S, C: We'll develop a series of clinic-based tools that will be administered by care teams. The goal is to actually save clinic time by bringing structure to discussions around the various airway options, the importance of treatment adherence, etc. The clinic-based materials will be available in print and digital formats. We'll also produce an educational wall poster, an easy-to-use take home reference resource and a website (www.IMPACT-BE.com) where the educational materials and instructional videos will live.

RT: What are the anticipated benefits of the program?

S, C: The program will be available at no cost to care teams, and they'll be trained by a trusted colleague who will offer a series of best practices from his/her own experience with the program.

Again, our hope is that IMPACT BE will simply bring structure to discussions that may already be happening with bronchiectasis patients around airway clearance. And if they aren't already happening, we're hoping to make them as efficient as possible in the clinical setting by providing a series of easy-to-use tools that we hope will facilitate the conversations and allow patients and care teams alike to take a more proactive approach to gaining better health outcomes.

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