

Introduction to Inhaler Education

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INHALE



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Inspiring Health Advances in Lung Care

Why learn about inhaler devices?

- Age, dexterity, inspiratory capacity, cognitive ability, health literacy, and ethnicity, can impact a patient's ability and intention to use their device
- Patient preferences and perceptions can influence treatment success
- Providers need to fully understand
 - the characteristics of each device
 - their patients' demographic characteristics and comorbidities.
- Device selection, patient training and education, and physical demonstration of the device, are key to eliminate any critical errors that may impact on health outcomes
- Inhaler technique should be frequently rechecked



AND Confusion → Poor outcomes

- Confusion leads to incorrect use
- Bad technique = uncontrolled asthma = higher costs
 - increased morbidity and mortality
 - increased use of relief medication
- Perceived complexity of inhaled medications may lead to the patient stopping the medication, which will lead to poor asthma control



-Chorão et al., 2014

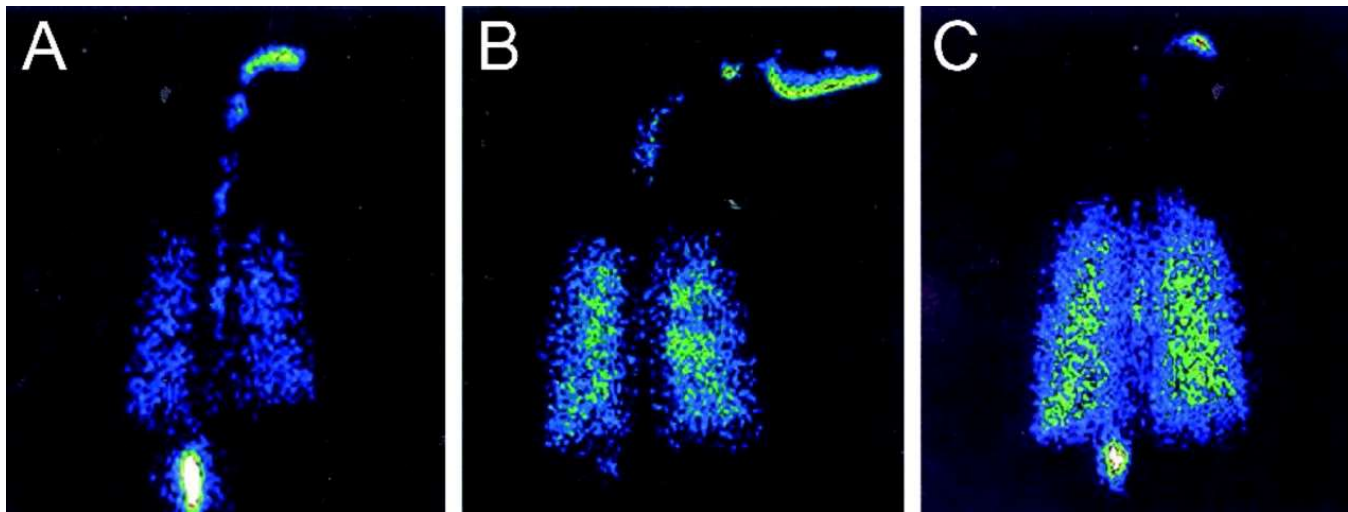




Dr. House Does Inhaler Education

- <https://vimeo.com/454633544>

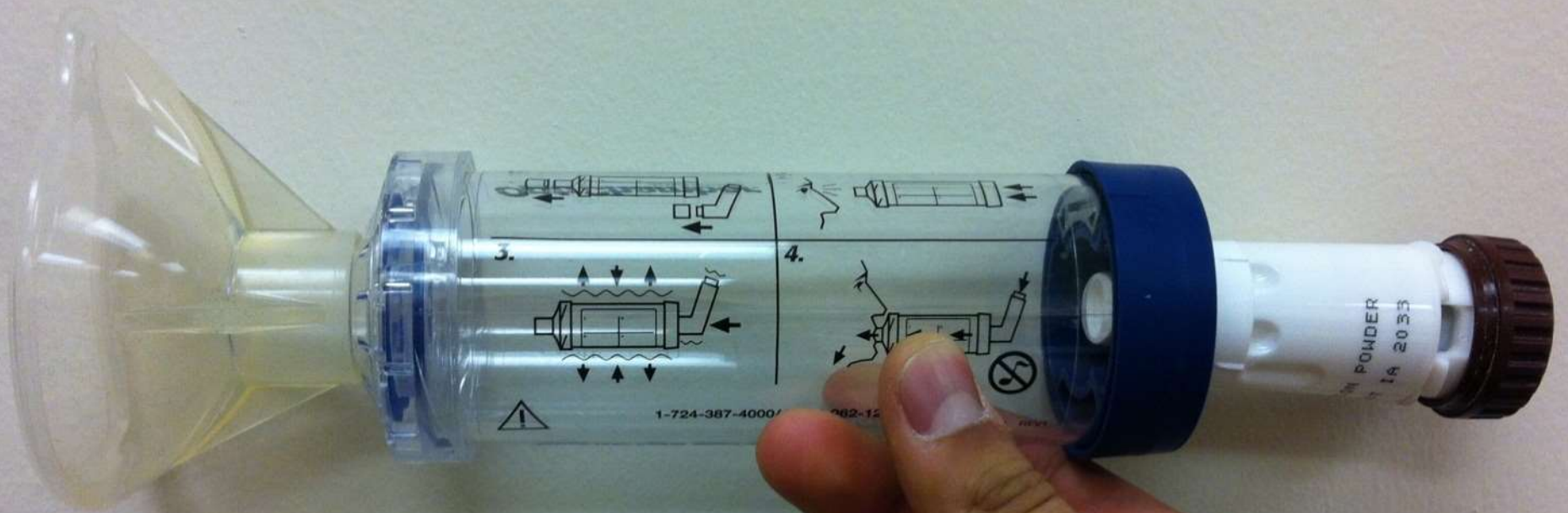
Importance of good inhalation technique



MDI without Chamber

MDI with Chamber

Soft Mist Inhaler



What could go wrong?

Too Many Choices?

Allergy & Asthma Network
800.578.4403
AllergyAsthmaNetwork.org

Respiratory Treatments
2022

SHORT-ACTING BETA₂-AGONIST BRONCHODILATORS
Relieve tight muscles in a respiratory airway, relax airway muscles, allowing and clearing of airways for 2-4 hours

LONG-ACTING BETA₂-AGONIST BRONCHODILATORS
Relieve airway muscles and clear timing relief of symptoms such as coughing, wheezing and shortness of breath for at least 12 hours

INHALED CORTICOSTEROIDS
Reduce and prevent swelling of airway tissues. They do not relieve sudden symptoms of coughing, wheezing or shortness of breath

MUSCARINIC ANTAGONISTS (ANTICHOLINERGIC)
Relax and prevent narrowing of airway muscles and clear timing relief of symptoms such as coughing, wheezing and shortness of breath

COMBINATION MEDICATIONS
Combine two or more medications to provide relief of symptoms such as coughing, wheezing and shortness of breath

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BIOLOGICS
Target cells and pathways that cause airway inflammation, delivered by injection or IV

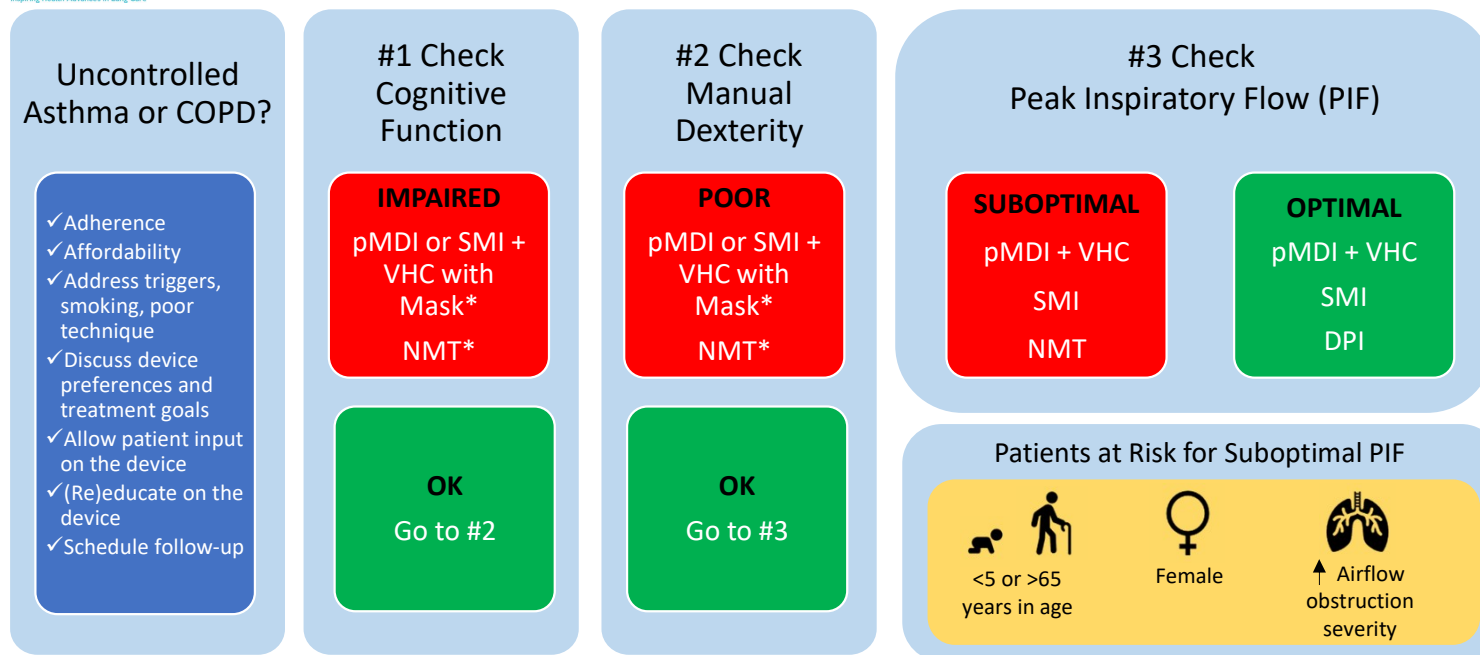
BRONCHIAL THERMOPLASTY
A non-surgical procedure that uses heat to create scar tissue, leading to long-term relief of symptoms such as coughing, wheezing and shortness of breath

PDE4 INHIBITORS
Relieve airway muscles and clear timing relief of symptoms such as coughing, wheezing and shortness of breath

- Which medication would work best?
- What devices are available for delivery?
- What does the patient's insurance formulary cover?
- What does your patient want to do?
- Does your patient have any limiting factors?

https://allergyasthmanetwork.org/news/inhalers-at-a-glance-posters-resources/#Respiratory_Treatments

Choosing an Inhaler Device



➔ **Choose device, check cognitive function & manual dexterity, correct technique, use teach-back to confirm**

NMT: nebulized mist treatment
SMI: soft mist inhaler
pMDI: pressurized metered dose inhaler
DPI: dry-powder inhaler
VHC: valved holding chamber (spacer)
* With assistance

Peak inspiratory flow testing enables clinicians to tailor the selection of the inhaler device to the patient. It can also be used to train proper inspiratory technique to improve use of an inhaler and medication deposition to the lungs.



<https://alliantechmedical.com/check-dial-training-device/>

In-Check Dial

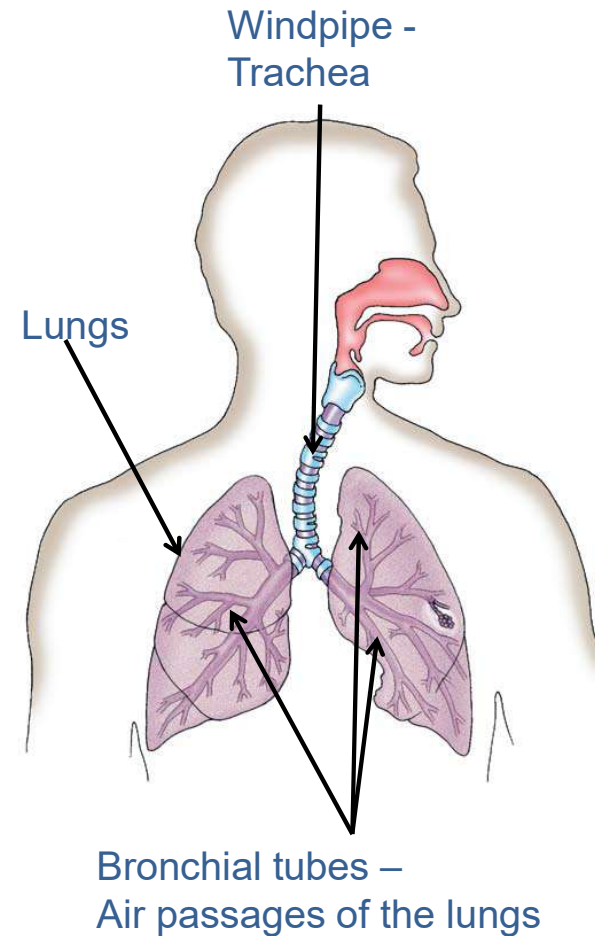
“Inhaler devices are designed to deliver medication to the respiratory tract, and the speed of inhalation through them (the inspiratory flow) can have a significant effect on the quantity of drug delivered. The In-Check DIAL is an inhalation airflow meter that can help educate and assess patients who use inhaler devices.”

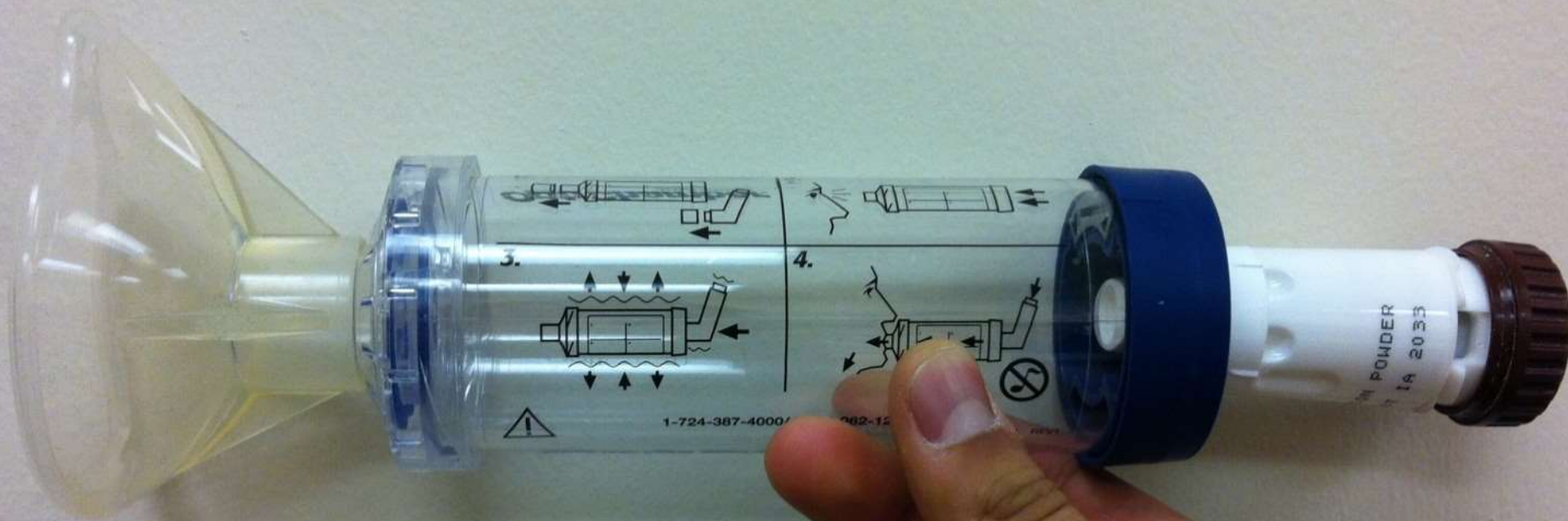


<http://alliancetekmedical.com/index.php?cID=90>

5 Steps of Proper Inhalation

- 1- Blow all your air out
- 2- Place the mouthpiece in your mouth/mask on face
- 3- Push the canister or button
- 4- Slowly take a deep breath/10 tidal breaths
- 5- Hold your breath for 10 seconds





Demonstration

Action Steps

- Create an environment of trust
- Get family buy-in
- Create the easiest plan
- Address psychosocial issues that might make things more challenging
- Address family/friends/internet advice/pharmacies
- Have families bring all their medications
- Call pharmacies to check on adherence
- Explain things multiple ways every time
- Have the patient/family demonstrate their technique
- Simplify as needed
- Create charting templates for your EMR



Honesty is the best policy

Adherence vs “truth”

Check adherence

- Adherence to controller regimens consistently only 30% to 40% in clinical practice settings.
- Call the pharmacy- fill v pick-up

- Sumino. K., & Cabana, M.D. Medication Adherence in Asthma Patients. Current Opinions Pulmonary Medicine. January 2013. Volume 19, Number 1.

Importance of truth-telling

- Increasing medications
- Increased risk of exacerbation
- Over-use of oral steroids



Patient perspective: It's complicated....

- Complicated medication schedules
- Complicated device techniques
- Complicated histories
- Complicated family lives/adherence
- Complicated insurance issues
- It's JUST Complicated...



Role of the Care Team

- Stay up on newest guidelines
- Educate patients on asthma & COPD management
- Assess inhaler technique as often as possible- this is billable
- Assess adherence
 - Is the patient/family able to list all their medications by name or color?
 - How often do they miss taking medications? Is there any way to make their schedule easier?
 - When was the last time medications were picked up?
- Assure that the asthma action plan is up-to-date and reviewed frequently. Ask the patient/family to tell you what they would do at the onset of symptoms.



Billing for Inhaler Education



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Billing for Inhaler Education: CPT 94664

What is covered by CPT 94664?

Demonstration and/or evaluation of patient utilization of aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing device.



Codes tracked for the INHALE Inhaler Education Measure:

- CPT 94664
- Z71.6 (patient not billed)


Tips for Billing

- Services must be billed by a physician, physician assistant, nurse practitioner or clinical nurse specialist.
- For BCBSM patients: a modifier 59 must be added to the 94664 CPT code.
 - Modifier 59 indicates that a procedure is separate and distinct from another procedure on the same date of service. The medical record must support that the inhaler education service was separate and distinct from another service delivered on the same date of service, such as an evaluation and management (E/M) visit.
 - The modifier should not be added to an evaluation and management (E/M) code if a medically necessary E/M service is provided on the same day as the nebulizer or inhaler education.
- Care management G-codes may be billed at the same time.
- Per CMS, four (4) sessions per year are allowed with only one session per day, and a maximum of two (2) sessions in a six (6) month period. (<https://www.cms.gov/medicare-coverage-database>)
- Each claim must be submitted with ICD-10-CM codes that reflect the actual current condition of the patient.
- Education must be given separate from a nebulizer treatment for an acute exacerbation.
- CPT 94640 or 94645 may not be billed at the same time as 94664.




INHALE Resources

- INHALEarning Modules
- <https://inhalecqi.org/resources/>
 - Inhaled medication device education
 - Patient education (pharma and INHALE)
 - Written materials
 - Videos
 - Provider CME through INHALEarning Portal
 - Patient education on asthma and COPD
 - Tobacco Cessation Resources
 - Lots of other resources



How to Use a QVAR RediHaler Breath-Actuated Metered Dose Inhaler

You have been prescribed an inhaled medication that is delivered through a breath-actuated metered dose inhaler (MDI), called a QVAR RediHaler. Please follow these instructions when taking your medication.



How to Use the QVAR RediHaler:

1. Hold the inhaler upright with the mouthpiece at the bottom.
2. Open the white cap by flipping it down.
3. Take a deep breath in, turn your head away from the inhaler and breathe out fully.
4. Before taking a breath in, place the mouthpiece in your mouth and close your lips around it. Make sure your teeth are around the mouthpiece and your tongue is under the mouthpiece and not blocking the mouthpiece.
5. Take a slow deep breath in. You might hear a click. Keep breathing in until your lungs are full.
6. Remove the inhaler from your mouth and hold your breath for 5–10 seconds.
7. Turn your head away from the inhaler and breathe out slowly.
8. Close the white cap and repeat for a second dose if prescribed.
9. Rinse your mouth thoroughly with water and spit out the water. Do not swallow the water. This will decrease the risk of a mouth infection called thrush (candida infection).

How do I clean my QVAR RediHaler?

- Do not wash or put any part of your QVAR RediHaler in water.
- Clean the mouthpiece of the inhaler weekly with a clean, dry tissue or cloth.



Need support or training?

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