

# PRACTICAL MANAGEMENT OF COPD: THE TEAM AND THE TOOLS

**TUESDAY, MAY 7, 2019**

## SCHEDULE:

- 7:45 AM Registration opens/ Breakfast Buffet
- 8:30 - 9:30 **Managing COPD in Primary Care: Co-morbidity Conundrums and How to Address Them**  
Barbara P. Yawn, MD, MSc, FAAFP
- 9:30 - 10:30 **The Use of Spirometry for the Diagnosis of Lung Disease**  
D Thomas Akey, MD
- 10:30 - 10:45 Break
- 10:45 - Noon **COPD Medications**  
Deb Chabot, RN, BS, AE-C  
**Clearing the Smoke: Using Nicotine Replacement Therapy**  
Amanda Morrill, PharmD
- 12:00 - 12:45 Lunch (provided)
- 12:45 - 2:00 **COPD Innovations Panel:**  
NH Hospital programs described
- 2:00 - 3:00 **Pulmonary Rehabilitation: Recent Advances & Ongoing Challenges**  
Richard L. ZuWallack, MD
- 3:00 - 3:15 Break
- 3:15 - 4:15 **Outpatient Management of an Acute COPD Exacerbation**  
Patrick E. Scanlon, DO
- Evaluation & Closing

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MANCHESTER, NH  
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145 Hollis St, Unit C  
Manchester, NH 03101  
603.669.2411  
COPD@BreatheNH.org  
BreatheNH.org

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**Tuesday, May 7, 2019**

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Puritan Event Center

245 Hooksett Road, Manchester, NH

Sponsored by:



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## DISTINGUISHED FACULTY

**BARBARA YAWN, MD, MSc, FAAPF**, Chief Scientific Officer, COPD Foundation. Adjunct Professor, University of Minnesota, Department of Family and Community Health

**D THOMAS AKEY, MD**, Pulmonologist, Concord Hospital

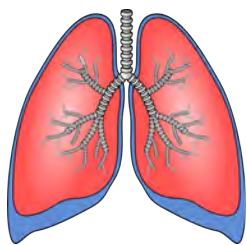
**DEB CHABOT, RN**, Ashfield Patient Solutions

**AMANDA MORRILL, PharmD, BCPS**, Associate Professor of Pharmacy Practice, MCPHS University

**RICHARD L. ZUWALLACK, MD**, Associate Chief, Pulmonary and Critical Care, St. Francis Hospital, Hartford, CT. Professor of Medicine, University of Connecticut School of Medicine

**PATRICK E. SCANLON, DO**, Pulmonologist, Dartmouth-Hitchcock, Manchester

**COPD INNOVATIONS PANEL** representing: Concord Hospital, Dartmouth-Hitchcock Medical Center, Frisbie Memorial Hospital, and Southern New Hampshire Health System



## PLANNING COMMITTEE

**ALBEE BUDNITZ, MD, FACP, FCCP**

**ANNE DIEFENDORF, MS, RDN, LD** VP Quality & Patient Safety, Foundation for Healthy Communities

**ROBERT DORF, DO** Chief Medical Officer, Foundation Medical Partners

**DAWN DOUCET, RN** Concord Pulmonary Group

**JANE L. GOODMAN, MS** Program Manager, BreatheNH

**DONALD A. MAHLER, MD** Emeritus Professor of Medicine, Geisel School of Medicine at Dartmouth, Director of Respiratory Services, Valley Regional Hospital

**ESSY MOVERMAN, RCP, RRT, AE-C, CTTs**  
Monadnock Community Hospital

**ALLYSSA THOMPSON** Director of Programs, Breathe NH

## GENERAL INFORMATION

**LEARNING OBJECTIVES:** At the end of the session, participants will be able to:

- Utilize tools to guide co-morbidity assessment, understand the impact of co-morbidities on COPD management, and identify methods to include patient goals in a management plan;
- Describe the value of spirometry testing in the diagnosis of COPD and other lung diseases;
- Appreciate the different categories of COPD medications and the devices they are delivered in;
- Identify treatment available for nicotine cessation, compare & contrast the efficacy of monotherapy vs. combination therapy;
- Understand the proven benefits of pulmonary rehabilitation, explore potential ways for its implementation;
- Effectively manage acute COPD exacerbations and optimize post-hospitalization management.

**TARGET AUDIENCE:** This conference is ideal for all healthcare professionals involved in the care and management of patients with COPD (PCPs, Hospitalists, RRT, PT, RN, NP, QI Coordinators).

**CANCELLATION/REFUND POLICY:** Registrants who are not able to attend or send a substitute can obtain a refund of registration fees, minus a \$50 processing fee. A written request must be received by **April 20, 2019**. REFUNDS WILL NOT BE ISSUED AFTER THIS DATE - NO EXCEPTIONS.

**PROGRAM CHANGES AND CANCELLATIONS:** We reserve the right to make changes in content or speakers, or to cancel programs if enrollment criteria are not met or when conditions beyond our control prevail.

**DIRECTIONS:** The Event Center is located at 245 Hooksett Road, Manchester, NH. Website: [puriatbackroom.com/events](http://puriatbackroom.com/events) or call 603-666-9893.

**QUESTIONS:** Contact Jane Goodman, 603-669-2411, [jgoodman@BreatheNH.org](mailto:jgoodman@BreatheNH.org).

**ACCREDITATION:** Southern NH Area Health Education Center is an Approved Provider of continuing nursing education by the Northeast Multistate Division (NE-MSD), an accredited approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. 6.5 contact hours. Activity number 1265.

The Southern NH Area Health Education Center is accredited by the NH Medical Society to provide continuing medical education for physicians. Southern New Hampshire Area Health Education Center designates this live activity for a maximum of 6.5 AMA PRA Category 1 credit(s)<sup>TM</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Application has been made to the American Association of Respiratory Care (AARC) for continuing education contact hours for respiratory therapists.

Application has been made to the NH Chapter of the American Physical Therapy Association (NH APTA) for continuing education contact hours for physical therapists.

For other professionals: 6.5 hours of continuing education.

## REGISTRATION FORM

**Mail:** Breathe NH  
145 Hollis Street, Unit C  
Manchester, NH 03101  
Phone: 603.669.2411

**Online:**  
[tinyurl.com/COPDCME2019](http://tinyurl.com/COPDCME2019)

**PLEASE PRINT CLEARLY OR TYPE**

Name: \_\_\_\_\_

Credentials: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### CONFERENCE FEE

Conference fee **\$125**: Fee includes light breakfast, breaks, lunch, and 6.5 credit hours

### METHOD OF PAYMENT

☐ Check enclosed made payable to Breathe New Hampshire in the amount of **\$125**

☐ I authorize the use of my credit card

☐ AMEX ☐ VISA ☐ MasterCard

Name on Card: \_\_\_\_\_

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Registration Sponsor:

