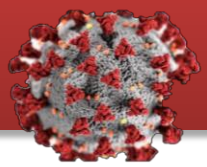
NEQCA
New England Quality Care Alliance
Affiliated with Tufts Medical Center

COVID-19 BRIEFING

June 3, 2020



In-office administration of inhaled medications for asthma and COPD in the age of Covid-19

Many adult, family and pediatric primary care practices as well as some allergy/immunology and pulmonary practices are accustomed to giving inhaled bronchodilator treatments in the office, primarily for management of acute bronchoconstriction, but also occasionally for testing, to assess reversibility of airway obstruction.

In most of these offices, bronchodilators such as short-acting beta agonists (albuterol and levalbuterol), long-acting beta agonists (formoterol, arformoterol), anticholinergics (ipratroprium) and combination medications (albuterol/ipratroprium) are administered via nebulizer. However, nebulizer treatments are aerosol-generating procedures which increase risk of Covid-19 dissemination from the patient getting treated (if infected, known or unknown) to bystanders including clinician and staff as well as anyone accompanying the patient.

In order to avoid this risk, it is recommended to substitute metered-dose inhaler bronchodilator treatments in the office instead. There is a wider range of medications available in that format, including multiple members of each class described above.

It is acceptable to maintain a stock of bronchodilator MDI canisters in the office and use them with multiple different patients, as long as administration is done properly to avoid contamination and the canister is appropriately disinfected after each use. MDIs must be administered via spacer or valved holding chamber. The most effective disinfection can occur with a device which holds the metal canister directly, not via the plastic mouthpiece. This allows the canister to be disinfected effectively. Several examples of desirable designs are shown in the illustration.

Inspirease

Optihaler

(The fact that the brand names are given should not be construed as an endorsement of a particular brand.)
When using these devices, after each use, the canister should be removed from the spacer. The spacer may be given to the patient or discarded. The medication canister must be wiped down carefully with disinfectant wipes certified by the EPA for use against SARS-CoV-2 (Covid-19): first the actuator (stem extending from the canister itself) and then all surfaces of the canister. Allow the disinfectant to dry, and then repeat. The canister is now ready for use with another patient, and may be put back into clean medication storage area while awaiting that use.

For the most up-to-date COVID-19 information please visit:
Centers for Disease Control * Massachusetts Department of Public Health * New England Quality Care Alliance

IF A SPACER/HOLDING CHAMBER IS NOT AVAILABLE THAT WILL HOLD THE METAL MEDICATION CANISTER DIRECTLY: the alternative devices hold the canister within the plastic mouthpiece that comes with the canister. An example is pictured below.

This entire assembly (canister with plastic mouthpiece) should be removed from the spacer, and disassembled into its two parts (canister and plastic mouthpiece). The canister should be wiped down as above, including the repeat; the plastic mouthpiece should be wiped down, inside and out, in a similar fashion, allowed to air day and repeated as with the canister.

IF THE SPACER IS GIVEN TO THE PATIENT, some payers will reimburse for this as DME, similarly to dispensing crutches from the office.

There are billing codes for the medication itself (per puff) and for the administration, which are reimbursed by some payers.