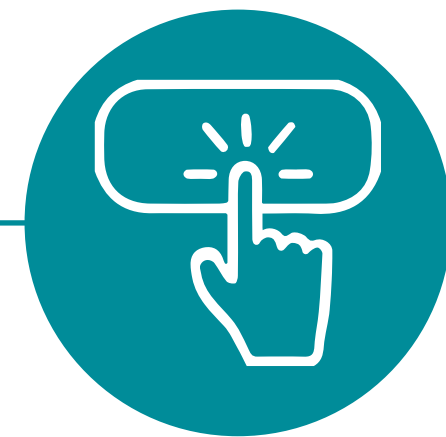
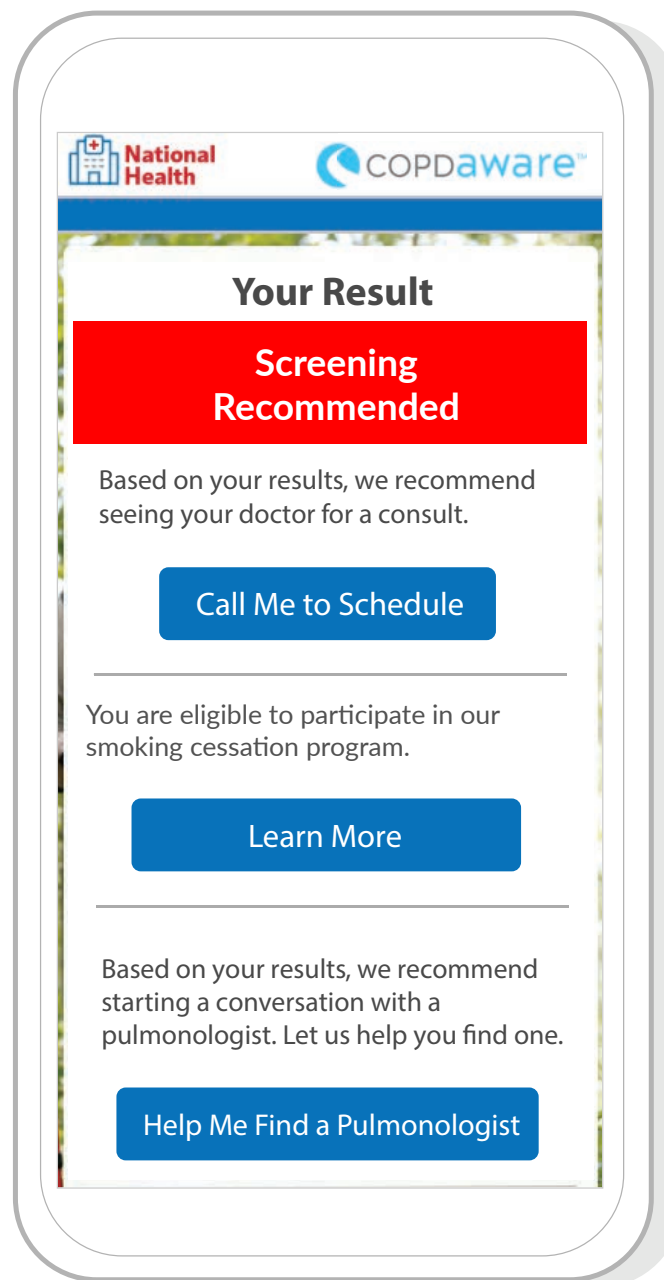


GOAL: SCHEDULING SCREENING FOR COPD



CUSTOMIZED CALL-TO-ACTION MESSAGES

Focus Call to Action (CTA) messaging in the follow-up section of portal on:

- Appointment scheduling (potentially with a pulmonologist).
- Smoking cessation programs or other wellness initiatives offered by your organization.



FOLLOW UP

Follow up with the user as soon as possible to:

- Review their results report with them and discuss next steps.
- Schedule an appointment for screening via primary care.
- Discuss any lifestyle changes they can make to help reduce symptoms.



NURTURING

Customize your nurturing content to explain:

- When to see a doctor about symptoms of COPD.
- The early signs of COPD or other smoking-related diseases.
- Who should see a pulmonologist, and when.



SCREENING VIA PRIMARY CARE

- In most cases, users in this group should be screened for COPD in a primary care setting.
- These users may benefit from a referral to pulmonology.
- Enroll the user in a smoking cessation program, if appropriate.

SCREENING RECOMMENDED

People in this group do not have a diagnosis of chronic obstructive pulmonary disease (COPD), but have reported a significant smoking history and other symptoms and risk factors. These include:

- age
- weight
- cough affected by weather
- phlegm production with cough
- morning cough with phlegm
- frequent wheezing

Their symptom score* indicates that COPD is likely. Further evaluation for COPD in a primary care setting is needed.

People in this category may also have a history of bronchitis, pneumonia, tuberculosis, severe childhood respiratory illness, allergies or asthma, or a family history of COPD, respiratory infections, allergies, asthma, wheezing, cough with phlegm, or bronchiectasis. These symptoms are not part of the COPD Diagnostic Questionnaire (CDQ) symptom score.*

This group may or may not have a history of exposure to environmental factors such as second-hand smoke, fumes, exhaust, indoor or outdoor air pollution.

* symptom score = total points from the completed CDQ questionnaire. This group's score is at least 19.5 out of a possible 38.



EXAMPLE PERSONA

Janet is a 70-year-old former smoker who has a BMI of 28.5 (overweight). Janet smoked a pack a day from age 25 to age 66 (a 41 pack-year history).

Due to her smoking history, Janet has often experienced shortness of breath and some coughing. However, in the past month she's noticed that her cough is worse when she wakes up in the morning and is producing a lot of phlegm from her chest.

Janet has a friend who was recently diagnosed with COPD and she's concerned her symptoms may indicate she is also at risk. She took the COPDaware assessment on her hospital's website and learned she should make an appointment to be screened.



MANAGE YOUR COPD WITH YOUR DOCTOR

People in this group reported they have been diagnosed with COPD and indicated they have an existing relationship with primary care or a specialist.

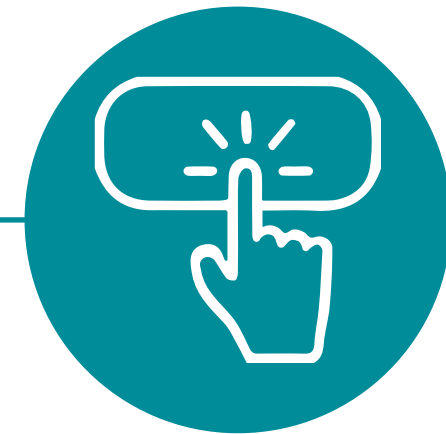
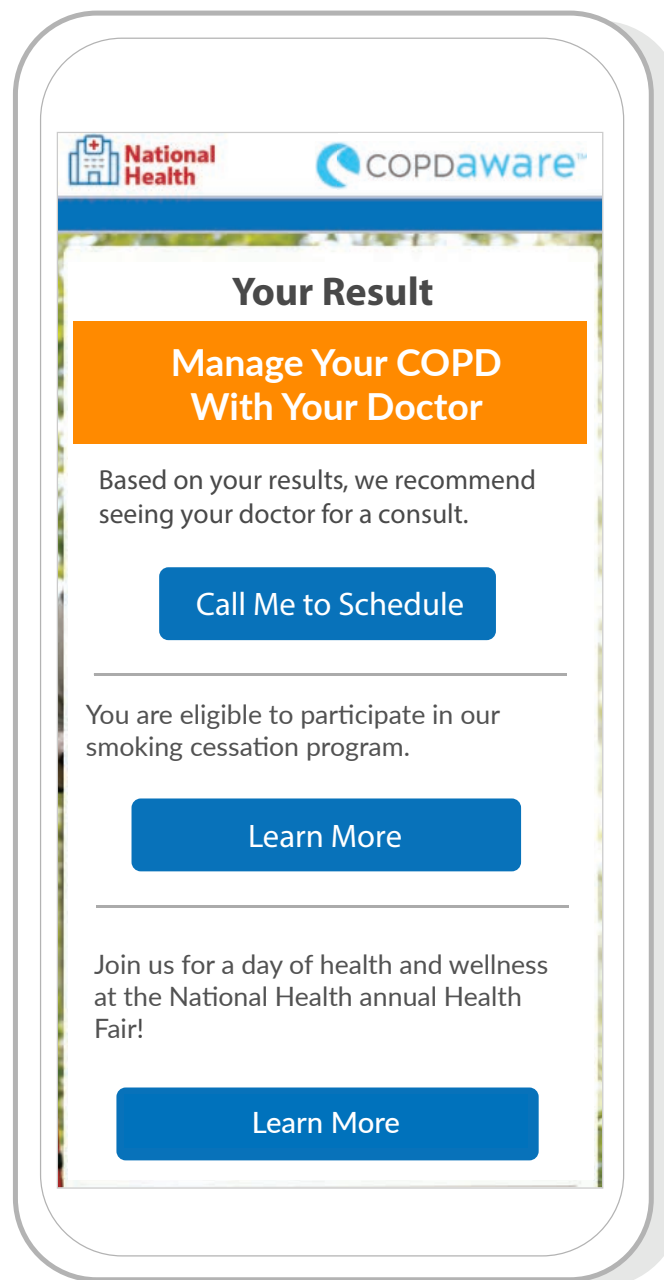
These users are encouraged to speak with their doctor about symptom control and smoking cessation, if indicated.

People in this category may also have a history of bronchitis, pneumonia, tuberculosis, severe childhood respiratory illness, allergies or asthma or a family history of COPD, respiratory infections, allergies, wheezing, cough with phlegm, or bronchiectasis. These symptoms are not part of the COPD Diagnostic Questionnaire (CDQ) symptom score.*

This group may or may not have a history of exposure to environmental factors such as second-hand smoke, fumes, exhaust, indoor or outdoor air pollution.

* symptom score = total points from the completed CDQ questionnaire.

GOAL: APPOINTMENT WITH PRIMARY CARE TO DISCUSS SYMPTOM MANAGEMENT



CUSTOMIZED CALL-TO-ACTION MESSAGES

Focus Call to Action (CTA) messaging in the follow-up section of portal on:

- Appointment scheduling.
- Smoking cessation programs or other wellness initiatives offered by your organization.



FOLLOW UP

Follow up with the user as soon as possible to:

- Review their results report with them and discuss next steps.
- Schedule an appointment for symptom management via primary care.
- Discuss any lifestyle changes they can make to help reduce symptoms.



NURTURING

Customize your nurturing content to explain:

- When to see a doctor about symptoms of COPD.
- The early signs of COPD or other smoking-related diseases.
- The importance of maintaining a relationship with primary care.



ADDRESS SYMPTOMS IN PRIMARY CARE SETTING

- In most cases, users should be educated about COPD and symptom management.
- Prescribe or adjust medications, as indicated.
- Enroll the user in a smoking cessation program, if appropriate.



EXAMPLE PERSONA



Roger is a 67-year-old man. His 50-year smoking habit resulted in Roger being diagnosed with COPD three years ago.

Roger takes medication and has been vigilant about his health since quitting smoking following his diagnosis. Recently, however, his wheezing has become more frequent and he has been experiencing respiratory illnesses (colds) more often.

Roger found the HRA while researching COPD treatment options. He was surprised to learn he should make an appointment with his doctor to discuss how to better manage his symptoms.

TALK TO A DOCTOR ABOUT YOUR COPD

People in this group reported they have been diagnosed with COPD but have indicated they do not have an existing relationship with primary care or a specialist.

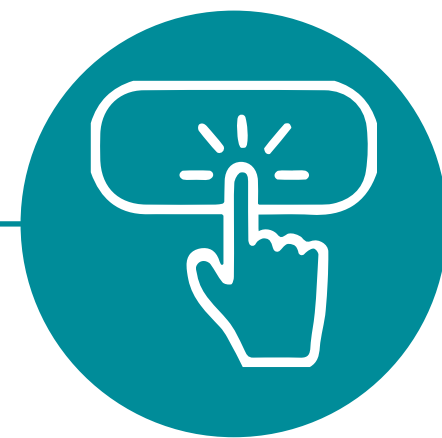
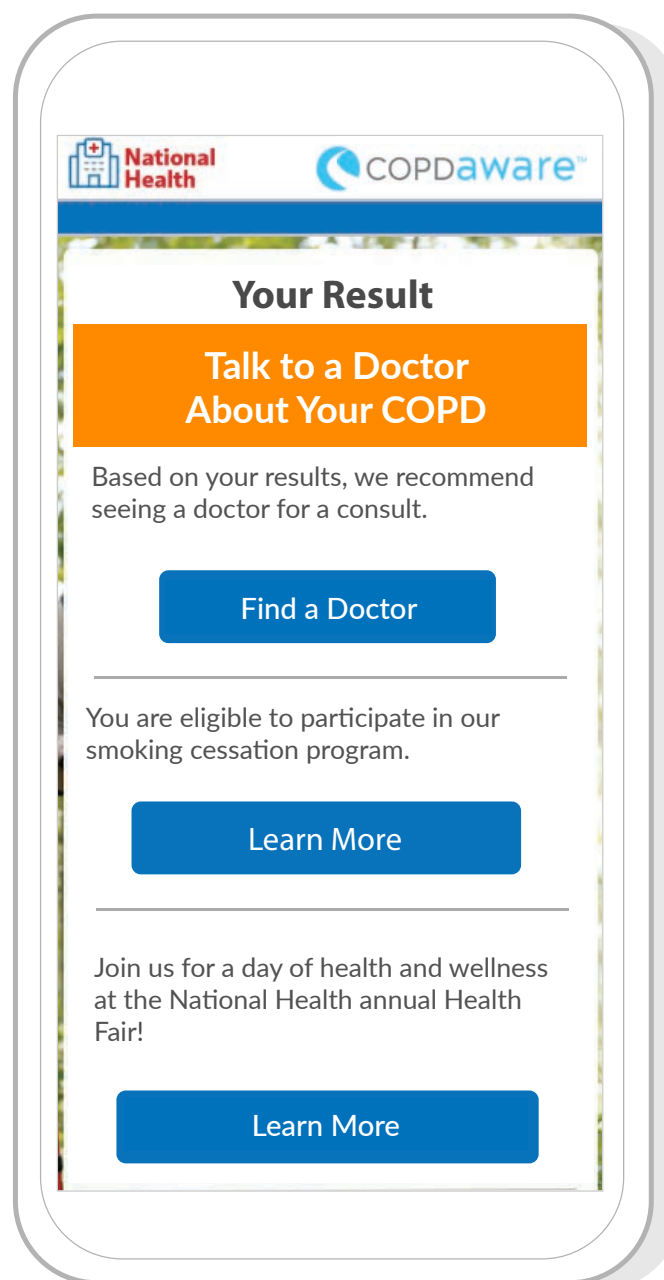
These users are encouraged to find a doctor to discuss symptom control and smoking cessation, if indicated.

People in this category may also have a history of bronchitis, pneumonia, tuberculosis, severe childhood respiratory illness, allergies or asthma or a family history of COPD, respiratory infections, allergies, wheezing, cough with phlegm, or bronchiectasis. These symptoms are not part of the COPD Diagnostic Questionnaire (CDQ) symptom score.*

This group may or may not have a history of exposure to environmental factors such as second-hand smoke, fumes, exhaust, indoor or outdoor air pollution.

* symptom score = total points from the completed CDQ questionnaire.

GOAL: FINDING A PRIMARY CARE PROVIDER TO MANAGE SYMPTOMS



CUSTOMIZED CALL-TO-ACTION MESSAGES

Focus Call to Action (CTA) messaging in the follow-up section of portal on:

- Finding a primary care provider and appointment scheduling.
- Smoking cessation programs or other wellness initiatives offered by your organization.



FOLLOW UP

Follow up with the user as soon as possible to:

- Review their results report with them and discuss next steps.
- Schedule an appointment for symptom management via primary care.
- Discuss any lifestyle changes they can make to help reduce symptoms.



NURTURING

Customize your nurturing content to explain:

- When to see a doctor about symptoms of COPD.
- The early signs of COPD or other smoking-related diseases.
- The importance of maintaining a relationship with primary care.



ADDRESS SYMPTOMS IN PRIMARY CARE SETTING

- In most cases, users should be educated about COPD and symptom management.
- Prescribe or adjust medications, as indicated.
- Enroll the user in a smoking cessation program, if appropriate.



EXAMPLE PERSONA

William is a 66-year-old current smoker. He was diagnosed with COPD two years ago before moving to a new city to be near his daughter and her family. He hasn't been able to quit smoking, despite their pleas.

William's symptoms do not bother him most days, but sometimes he feels especially short of breath when playing with his grandchildren. He knows he should quit smoking and get treatment for his symptoms but he doesn't know where to go for help since his move.

William decided to search on his local hospital's website. He found the COPDaware HRA and learned he should make an appointment with a new provider to help him quit smoking and manage his condition going forward.



SCREENING MAY BE RECOMMENDED

People in this group have a CDQ symptom score* between 14.5 and 19.4
OR

- a CDQ symptom score below 14.5 AND at least 2 other risk factors:
 - a personal history of non-smoking-related respiratory illness and/or symptoms
 - a family history of respiratory illness and/or symptoms (may or may not be smoking-related)
 - exposure to environmental risk factors

CDQ is calculated based on the following risk factors and reported symptoms:

- smoking history
- age
- weight
- cough affected by weather
- phlegm production with cough
- morning cough with phlegm
- frequent wheezing

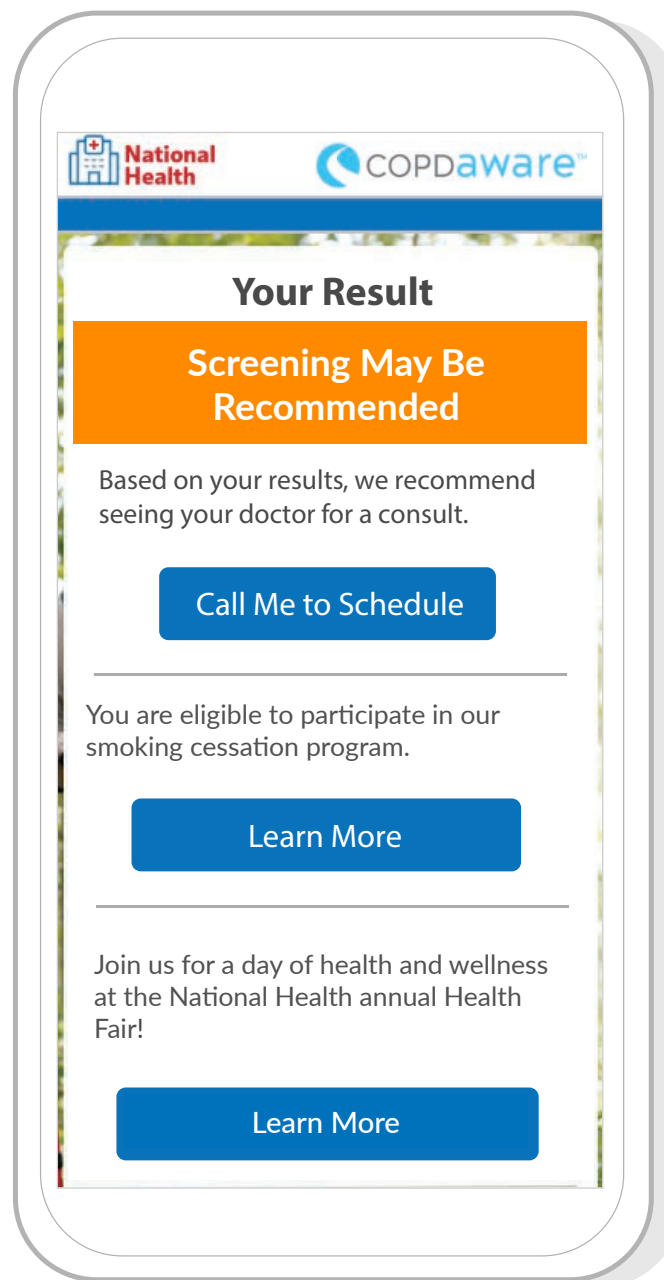
Never-smokers may report the following: chronic cough, shortness of breath (with or without exercise), chest tightness, wheezing, phlegm, fever, weight loss, or fatigue.

People in this category may or may not have a history of bronchitis, pneumonia, tuberculosis, severe childhood respiratory illness, allergies or asthma or a family history of COPD, respiratory infections, allergies, asthma, wheezing, cough with phlegm, or bronchiectasis. These symptoms are not part of the COPD Diagnostic Questionnaire (CDQ) symptom score.*

This group may or may not have a history of exposure to environmental factors such as second-hand smoke, fumes, exhaust, indoor or outdoor air pollution.

* symptom score = total points from the completed CDQ questionnaire.

GOAL: APPOINTMENT WITH PRIMARY CARE TO DISCUSS SCREENING



CUSTOMIZED CALL-TO-ACTION MESSAGES

Focus Call to Action (CTA) messaging in the follow-up section of portal on:

- Appointment scheduling.
- Smoking cessation programs or other wellness initiatives offered by your organization.



FOLLOW UP

Follow up with the user as soon as possible to:

- Review their results report with them and discuss next steps.
- Schedule an appointment for symptom assessment via primary care.
- Discuss any lifestyle changes they can make to help reduce symptoms.



NURTURING

Customize your nurturing content to explain:

- When to see a doctor about symptoms of COPD.
- The early signs of COPD or other smoking-related diseases.
- The importance of maintaining a relationship with primary care.



DISCUSS SCREENING WITH PRIMARY CARE

- Assess users' symptoms in a primary care setting to determine if screening is indicated.
- Enroll the user in a smoking cessation program, if appropriate.



EXAMPLE PERSONA

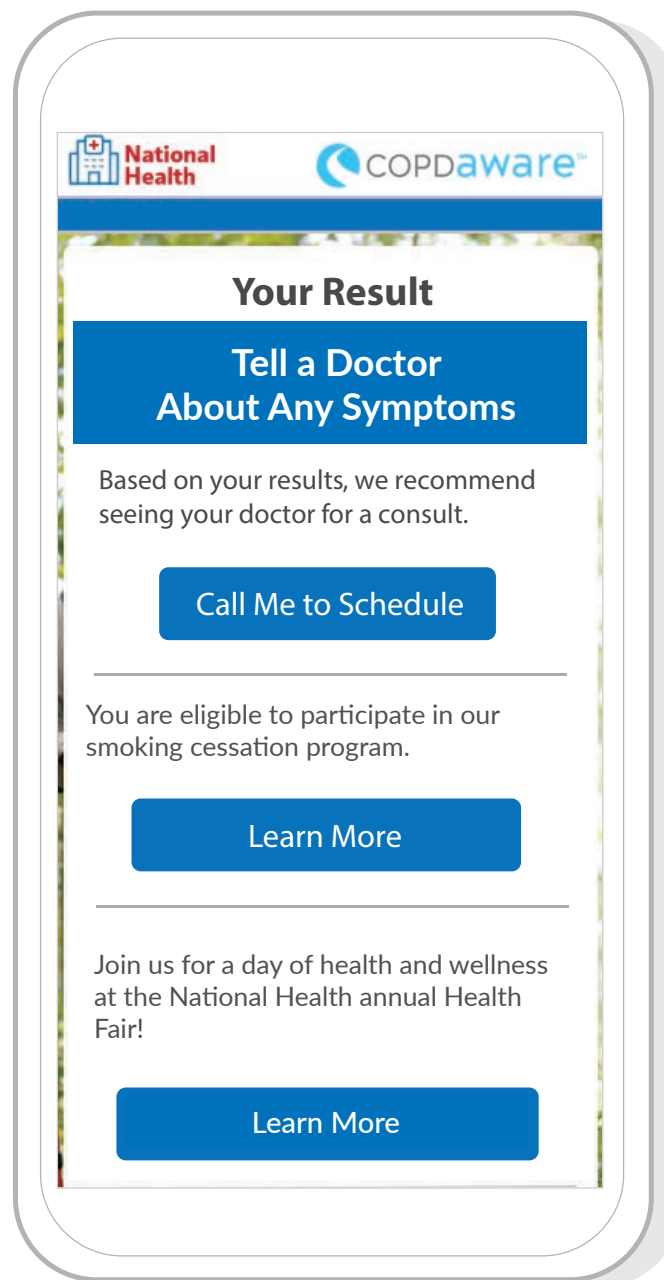
Dani is a 53-year-old former smoker. She quit ten years ago after smoking a pack a day for 22 years. Dani's husband is still smoking and has tried to quit unsuccessfully for the past three years.

Recently Dani has been experiencing recurrent bronchitis which results in frequent wheezing and coughing up phlegm. She is concerned her own history combined with her husband's smoking is making her symptoms worse.

In an attempt to motivate her husband to quit, Dani recently read an article about COPD risk factors and symptoms. She found the COPDaware HRA linked to the article and decided to take it for herself. She was concerned to learn that her symptoms could be caused by COPD and decided to ask her doctor if she should be screened.



GOAL: EARLY INTERVENTION AT REGULAR PRIMARY CARE VISIT



CUSTOMIZED CALL-TO-ACTION MESSAGES

Focus Call to Action (CTA) messaging in the follow-up section of portal on:

- Appointment scheduling.
- Smoking cessation programs or other wellness initiatives offered by your organization.



FOLLOW UP

Follow up with the user as soon as possible to:

- Review their results report with them and discuss next steps.
- Schedule an appointment for symptom assessment via primary care.
- Discuss any lifestyle changes they can make to help reduce symptoms.



NURTURING

Customize your nurturing content to explain:

- When to see a doctor about symptoms of COPD.
- The early signs of COPD or other smoking-related diseases.
- The importance of maintaining a relationship with primary care.



EARLY INTERVENTION VIA PRIMARY CARE

- In most cases, users don't require any immediate screening.
- Enroll the user in a smoking cessation program, if appropriate.
- Users may benefit from educational health content during regular primary care visit.

TELL A DOCTOR ABOUT ANY SYMPTOMS

People in this group have a CDQ symptom score below 14.5 AND fewer than 2 other risk factors, including:

- a personal history of non-smoking-related respiratory illness and/or symptoms
- a family history of respiratory illness and/or symptoms (may or may not be smoking-related)
- exposure to environmental risk factors

CDQ is calculated based on the following risk factors and reported symptoms:

- smoking history
- age
- weight
- cough affected by weather
- phlegm production with cough
- morning cough with phlegm
- frequent wheezing

Never-smokers may report the following: chronic cough, shortness of breath (with or without exercise), chest tightness, wheezing, phlegm, fever, weight loss, or fatigue.

People in this category may or may not have a history of bronchitis, pneumonia, tuberculosis, severe childhood respiratory illness, allergies or asthma or a family history of COPD, respiratory infections, allergies, asthma, wheezing, cough with phlegm, or bronchiectasis. These symptoms are not part of the COPD Diagnostic Questionnaire (CDQ) symptom score.*

This group may or may not have a history of exposure to environmental factors such as second-hand smoke, fumes, exhaust, indoor or outdoor air pollution.

* symptom score = total points from the completed CDQ questionnaire.



EXAMPLE PERSONA

Rory is a 26-year-old man who has never smoked. For most of his life, Rory lived with a mother who smoked 2 packs a day. Recently, Rory began working as an auto mechanic where he is often exposed to engine exhaust.

Rory has a history of mild asthma but since starting his job, his symptoms have been worsening and he's concerned that his work is affecting his health.

Rory's mother recently took the COPDAware HRA and sent him her results. He took the HRA out of curiosity for his own risk and was surprised to learn that he has some risk factors for developing COPD. He decided to ask his doctor about his results at his next physical.

