



ILD SOLUTIONS: A Collaborative Approach to IPF

KEY TAKEAWAYS



Develop a Detailed Action Plan Specific to Your Institution to Overcome Challenges in IPF



Challenge

Limited experience evaluating ILD

No dedicated thoracic radiologist

No on-site thoracic pathologist



Possible Solutions

- Consider formal referral to one of the hospitals in the PFF Care Center Network to secure the initial diagnosis
- Establish a relationship with an ILD expert at a Care Center Network
- Refer to ATS IPF HRCT criteria
- Review images with the radiologist before an MDD if the radiologist cannot attend
- Print out ATS IPF Pathology criteria and review with a pathologist
- Send pathology slides to a Care Center Network for a second opinion



A Multidisciplinary Care Team (MDCT) Can Help Improve Collaborative Care

Implementing an MDCT can decrease end-of-life costs and improve and increase patient confidence in symptom management. For descriptions of MDCT, see Kalluri et al.¹ and Wuyts et al.²

Tips for the MDCT

Disease-based management

- Medication regimen and toxicity; Boehringer Ingelheim and Genentech symptom manager
- Lung transplant; refer early for eval.

Symptom-based management

- Set their "Normal"
- Proactive rather than reactive care
- Who to call for symptoms
- Pulmonary Fibrosis Foundation resources

Locate Pulmonary Rehab

Home exercises

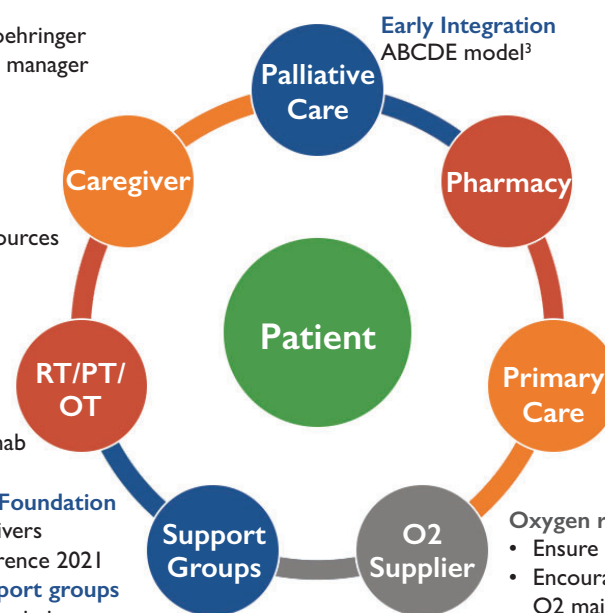
- Energy conservation exercises
- Diaphragmatic breathing technique
- PFF pulmonary rehabilitation toolkit
- British Lung Foundation Pulmonary Rehab

Pulmonary Fibrosis Foundation

- Patients and Caregivers
- PFF Summit Conference 2021

National virtual support groups

- American Lung Association



Cost out of pocket (\$400-\$2000/month)

Resources for patients

Manufacturer programs:

- Genentech patient foundation
- Boehringer Ingelheim Cares foundation

Grant funds for Pulmonary Fibrosis:

- Healthwell
- Patient Advocate Foundation

Support programs through manufacturer:

- (clinical nurse educator support)
- Esbriet Inspiration Program
- Ofev Open Doors Program

Facilitate communication with other providers

Designate responsibilities

(diuretics, diabetes, anxiety etc.)⁴

Oxygen rights and resources (PFF)

- Ensure all equipment is present
- Encourage patient to contact O2 supplier directly for O2 maintenance and repair



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K E Y T A K E A W A Y S



References

1. Kalluri M, Richman-Eisenstat J. From consulting to caring: Care redesign in idiopathic pulmonary fibrosis. *NEJM Catalyst*. 2019 Mar 28;5(2). DOI: 10.1056/CAT.19.0682
2. Wuyts WA, Patient-centred management in idiopathic pulmonary fibrosis: similar themes in three communication models. *Eur Respir Rev*. 2014 Jun 1;23(132):231-8. DOI: 10.1183/09059180.00001614
3. Kreuter M et al. Palliative care in interstitial lung disease: living well. *Lancet Respir Med*. 2017 Dec 1;5(12):968-80. DOI: 10.1016/S2213-2600(17)30383-1
4. Burnett K, et al Understanding the patient's experience of care in idiopathic pulmonary fibrosis. *Respirology*. 2019 Mar;24(3):270-7. DOI: 10.1111/resp.13414