

Leveling the Playing Field Overcoming Barriers to Equitable Care in ILD

Supported by an educational grant from Boehringer Ingelheim Pharmaceuticals, Inc.



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Learning Objectives

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Introduction *ILD in a Nutshell* Yolanda Mageto, MD, MPH, ATSF

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- ILD outcomes are dependent on diagnosis and can either stabilize, resolve, or progress to respiratory failure and death
- New treatments introduced over the past decade are improving ILD management, *but...*





ILD (....continued)

Race/ethnicity impacts ILD risk and mortality



Wijsenbeek M, et al. *Lancet.* 2022;400(10354):769–786. Adegunsoye A, et al. *Eur Respir J.* 2018;51(6):1800255. Bruni C, et al. *Rheumatology.* 2022;61(10):4035–4046. Goobie GC, et al. *Am J Respir Crit Care Med.* 2022;205(4):459–467. Maina IW, et al. *Soc Sci Med.* 2018;199:219–229.



ILD (....continued)

- Race/ethnicity impacts ILD risk and mortality
- Disparities in ILD screening/treatment persist



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- Shared decision making (SDM) and assessment of social determinants of health (SDoH) improves patient engagement and adherence to therapies, but are not regularly implemented
- Implicit bias negatively impacts ILD care

Wijsenbeek M, et al. *Lancet.* 2022;400(10354):769–786. Adegunsoye A, et al. *Eur Respir J.* 2018;51(6):1800255. Bruni C, et al. *Rheumatology.* 2022;61(10):4035–4046. Goobie GC, et al. *Am J Respir Crit Care Med.* 2022;205(4):459–467. Maina IW, et al. *Soc Sci Med.* 2018;199:219–229.





Why Should We Care about Diagnosing ILD? Fernando J. Martinez, MD, MS

OUTFITTERS Learning Objective

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She is a former 1 pack/day smoker, but quit 9 years ago. She also has a history of HTN, T2D, GERD, and dysphagia; and her surgical



history includes an appendectomy and cholecystectomy.





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She lives in a 100-year-old home with an unfinished basement (does laundry and crafting in this space).











Physical examination findings include:

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Physical examination findings include:

- Vital signs: stable
- HEENT: unremarkable
- Lungs: crackles
- CV: S1, S2, NRM
- Abdomen: soft, NT, ND
- No clubbing, cyanosis, or edema
- Hands look abnormal, with thickened skin







Audience Response

What would you do next in evaluating Sheila?

- A. Cardiac workup
- B. CT scan
- C. Chest X-ray
- D. Spirometry
- E. I'm not sure

ARS Results

What would you do next in evaluating Sheila?



Results recorded on August 9, 2023.

Sheila: Labs



Laboratory findings include:

- Serology: ANA 1:320, ESR 25 mm/hour, RF negative
- PFTs: FVC 67%
- DLCO: 45%
- 6MWT: 1,300 feet with desaturation from 98% to 92% on room air



6MWT, 6-minute walk test; ANA, antinuclear antibody; DLCO, diffusing capacity for carbon monoxide; ESR, erythrocyte sedimentation rate; FVC, forced vital capacity; PFTs, pulmonary function test; RF, rheumatoid factor.



Imaging (HRCT)



OUTFI

Khanna D, et al. Arthritis Rheumatol. 2022;74(1):13–27; Raghu G, et al. Am J Resp Crit Care Med. 2022;205(9):e18–e47.

Esophageal Dilation



- Markedly abnormal esophageal function
 - Decreased mobility
 - Increased reflux events

Image: Jonathan Goldin, MD, PhD. Richardson C, et al. *Semin Arthritis Rheum.* 2016;46(1):109–114.



Faculty Discussion

Is this ILD? If so, what kind? Is a biopsy needed?

- Consider ILD as a primary diagnosis!
- Differential diagnosis
 - Idiopathic pulmonary fibrosis (IPF; based on age, gender, comorbidities)?
 - Hypersensitivity pneumonitis (moldy basement)?
 - Connective tissue disease associated with ILD (CTD-ILD)—rheumatoid arthritis (RA) or scleroderma?



To whom should a primary care clinician refer?



How would you educate the patient at this point about her condition?


A Team Approach to Equitable Treatment and Care Yolanda Mageto, MD, MPH, ATSF

OUTFITTERS Learning 2 Objective

Develop multidisciplinary treatment pathways for the care of patients with ILD that include lifestyle modifications, pharmacotherapies, referrals, and management of comorbidities.

Audience Response

?

Which of the following antifibrotic therapies is FDA approved for appropriate patients with systemic sclerosis-associated ILD (SSc-ILD)?

- A. Fenofibrate
- B. Nintedanib
- C. Pirfenidone
- D. Semaglutide
- E. I'm not sure

ARS Results

Which of the following antifibrotic therapies is FDA approved for appropriate patients with systemic sclerosis-associated ILD (SSc-ILD)?



Multidisciplinary Approach to ILD

- Include pulmonologists, radiologists, pathologists, and when appropriate, rheumatologists, with expertise in ILD
- Particularly important with discordant radiologic and histologic abnormalities
- Consider referral to ILD center
 - Further testing, as needed
 - Appropriate therapies
 - Access to clinical trials

Raghu G. Am J Respir Crit Care Med. 2018;198(5):e44–e68. <u>https://www.pulmonaryfibrosis.org/docs/default-</u>source/media/ccn-fact-sheet-2022.pdf?Status=Master&sfvrsn=942f276d_3/%20CCN-Fact-Sheet-2022%20.pd







Al-ILD, autoimmune disease-associated interstitial lung disease; HP, hypersensitivity pneumonitis; IIP, idiopathic interstitial pneumonia; RA-ILD, rheumatoid arthritis-associated ILD; SSc-ILD, systemic sclerosis-associated ILD.



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In a patient with ILD of known or unknown etiology other than IPF who has radiological evidence of pulmonary fibrosis, PPF is defined as at least 2 of the following 3 criteria occurring within the past year with no alternative explanation:

- Worsening respiratory symptoms 1.
- Physiological evidence of disease progression (either of the following) 2.
 - Absolute decline in FVC \geq 5% predicted within 1 year of follow-up a.
 - Absolute decline in DL_{CO} (corrected for Hb) $\geq 10\%$ predicted within 1 year of follow-up
- 3. Radiological evidence of disease progression (≥ 1 of the following)
 - a. Increased extent or severity of traction d. Increased extent or increased bronchiectasis and bronchiolectasis
 - New ground-glass opacity with traction b. bronchiectasis
- coarseness of reticular abnormality
- e. New or increased honeycombing
- f. Increase lobar volume loss

c. New fine reticulation



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Framework for Managing SSc-ILD



Treatment Pathways for SSc-ILD

Burden of Disease		Early SSc with progressive skin disease and elevated acute phase reactants	Predominant lung involvement, absent active skin and musculoskeletal symptoms	Multi-organ involvement including skin and musculoskeletal symptoms
Mgmt/Tx	 Disease Monitoring Frequent monitoring with symptom assessment, PFTs every 4–6 months, and serial hall walk testing for the first 5 years Repeat HRCT if indicated by symptoms, PFT abnormalities, and declining hall walk testing Consider pharmacologic treatment, based on individual patient factors 	 Immunomodulatory Therapy Tocilizumab* Mycophenolate mofetil 	Antifibrotic Therapy • Nintedanib OR Immunomodulatory Therapy • Mycophenolate mofetil • Cyclophosphamide	 Immunomodulatory Therapy Mycophenolate mofetil Cyclophosphamide Rituximab Tocilizumab*
Escalation Therapy		Escalation Therapy Hematopoietic stem cell transplantation Add nintedanib Change therapy to cyclophosphamide/ mycophenolate mofetil Add rituximab if not initially used Lung transplant Clinical trials 		

*In those with early SSc with progressive skin and elevated acute phase reactants. Roofeh D, et al. *Curr Opin Rheumatol.* 2021;33(3):240–248.



A Tale of Two Sheilas

Sheila from the Magnificent Mile^a in Chicago



Sheila from South Shore^b in Chicago



^a Magnificent Mile median income: \$122,544; ^bSouth Shore median income: \$38,020. www.niche.com/places-to-live/n/magnificent-mile-chicago-il/residents/;www.cmap.illinois.gov/documents/10180/126764/South+Shore.pdf

A Tale of Two Sheilas



Magnificent Mile Sheila



South Shore Sheila

Accurate, early diagnosis?	Yes	No	
Appropriate imaging studies?	Yes, HRCT	No, chest X-ray only	
Referral to specialist(s)?	Yes, ILD Center	No, local clinic PCP	
Access to newer therapies?	Yes (immunomodulatory, antifibrotic)	Limited, due to insurance restrictions	
Non-pharmacologic therapy?	Yes	No	
Transplant option available?	Yes	No	
Advanced fibrosis averted?	Yes	No (early mortality)	



PCP, primary care practitioner.

Individualizing Patient Care Assessing Social Determinants of Health, Employing Shared Decision Making Ayodeji Adegunsoye, MD, MS, FCCP

OUTFITTERS

Learning 3 Objective 3

Incorporate shared decision making (SDM) with patients that factors in recognition of social determinants of health (SDoH) and equitable care opportunities.

Audience Response

- Patient-focused interviewing and care is an example of which of the following?
- A. Cultural humility
- B. Health equity
- C. Implicit bias
- D. Social determinants of health
- E. I'm not sure

ARS Results

Patient-focused interviewing and care is an example of which of the following?





Results recorded on August 9, 2023.



Robinson D, et al. Am J Med. 2021;134(2):161-163.



Robinson D, et al. Am J Med. 2021;134(2):161-163.



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Cultural Humility (vs Cultural Competence)

Cultural humility was established due to the limitations of cultural competence. Some professionals—like social workers, medical professionals, or educators—believed themselves to be culturally competent after learning some generalizations of a particular culture.



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> "I am curious about who you are." vs "I know who you are already."

Slide adapted courtesy of Yolanda Diaz-Houston. 2020. Tervalon M, Murray-Garcia J. *J Health Care Poor Underserved*. 1998;9(2):117–125.



SDoH in ILD



Adapted from Essien UR, et al. J Natl Med Assoc. 2020;112(1):103–108.

Shared Decision Making and the SHARE Approach



AHRQ Publication 14-0034-1-EF. https://www.ahrq.gov/health-literacy/professional-training/shared-decision/tools/factsheet.html; Turkson-Ocran R-AN, et al. *J Am Heart Assoc*. 2021;10:e018183.



Racial/Ethnic Disparities and Implicit Bias

- Racial inequities are pervasive in U.S. medical care
- Provider interactions with patients of color are less patientcentered, with fewer requests for patient and family input about treatment decisions
- Equitable medication uptake and utilization among all racial, ethnic, and socioeconomic groups is needed
- Test yourself for implicit bias at "Project Implicit" https://implicit.harvard.edu/





Nathan AS, et al. Circ Cardiovasc Qual Outcomes. 2019;12(4):e005600. Project Implicit. https://implicit.Harvard.edu/implicit/.

Our Mission: Health Equity

"The attainment of the highest level of health for all people."



U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Healthy People 2030. https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/health-literacy. Centers for Medicare & Medicaid Services. Health Equity. https://www.cms.gov/pillar/health-equity.



SMART Goals Specific, Measurable, Attainable, Relevant, Timely

Put information into action! Consider the following goals; then set a time frame that fits with your work environment and a reasonable improvement target that aligns with your patient population.

- Increase the number of patients screened for ILD who present with relevant symptoms.
- Improve the patient referral rate to multidisciplinary ILD centers, where available.
- Increase the number of patients with ILD who receive educational materials and/or counseling during office visits.
- Increase the number of patients seeking care for ILD for whom social determinants of health are assessed and/or addressed.
Questions & Answers

As recorded on August 9, 2023.



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