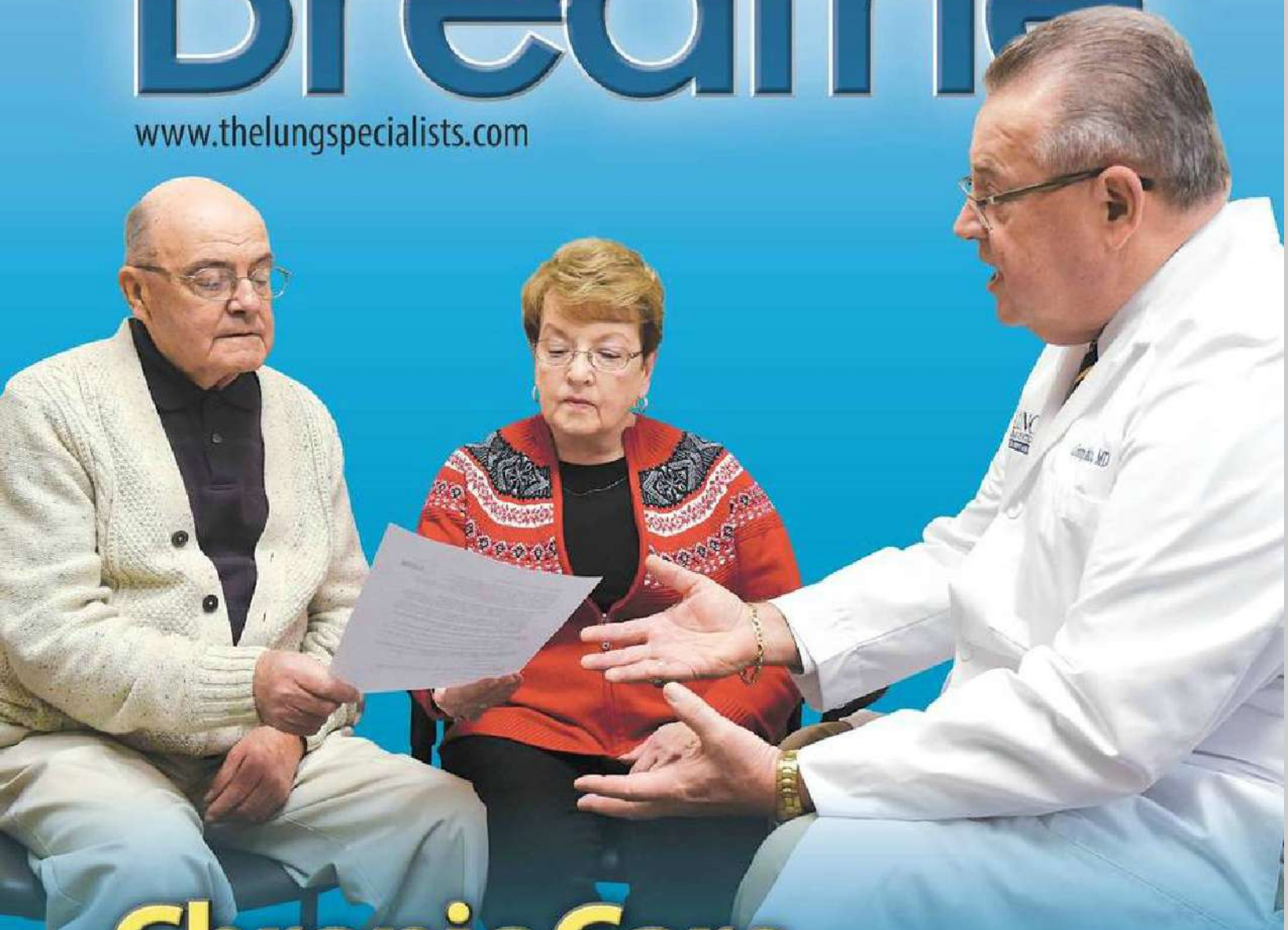


Breathe

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Chronic Care Management

Pulmonary care beyond the office walls
Page 8

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Welcome to Breathe

Welcome to the
6th Edition
of Breathe

magazine. It is hard to believe the Lung Disease Center is 6 years old. We seem to be going stronger than ever and in this issue we have some exciting news about a new initiative for our patients, along with some follow-ups on previous topics.

This issue contains updates on e-cigarettes, which continue to be used by more people despite reports continuing to come in about risks and harmful side effects. New government regulations are also part of the picture. Our Early Detection Program (EDP) for patients at high risk for developing lung cancer continues to show benefits. Since we started our Early Detection Program, which by the way was the first formal program in our area, we have enrolled over 300 patients and continue to find early cancers which can be treated aggressively.

The biggest news is in our article on Chronic Care Management. This program will be open to specific Medicare patients and I encourage any of our Medicare patients who see us for COPD or other chronic lung disease to read this article. We like to think that the Lung Disease Center and the Altoona Lung Specialists stand at the forefront of pulmonary care in Central Pennsylvania. This program is designed to help us extend our care outside the walls of the Lung Disease Center. This program is focused on long term management and monitoring of patients with chronic lung disease and certain comorbidities.

Thank you for accepting this 6th Edition of Breathe magazine. I hope the information is helpful to all. ✦



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Lung Disease Foundation of Central Pennsylvania Named Tobacco Control Service Provider for Blair and Bedford Counties



October 2016 brought a new endeavor to the Lung Disease Foundation of Central Pennsylvania. The American Lung Association in Pennsylvania named the Foundation the Tobacco Control Service Provider for Blair and Bedford Counties. The focus of the Tobacco Control Service Provider Grant is as follows:

PREVENTION – The focus of this initiative is to prevent the initiation of tobacco use among youth and adults through TRU (Tobacco Resistance Unit), TATU (Teens Against Tobacco Use) and Tobacco Prevention Education. The TRU program aims to prevent and stop youth tobacco use

through education. The TATU Program allows students ages 14-17 to mentor youngsters about the dangers of smoking. These programs, as well as tobacco prevention education, are offered to youth throughout schools, youth organizations, clubs, and religious youth groups, etc. Prevention education is offered to adults via health fairs, presentations to organizations and at employer sponsored events.

PROMOTE QUITTING: To promote quitting among adults and youth through the American Lung Association in Pennsylvania's adult cessation program Freedom From

Smoking, PA Free Quitline, FAX to Quit, and the American Lung Association's N-O-T (Not on Tobacco) Teen Cessation Program. Many of these programs are free of charge and offer the tools necessary to assist in the effort to quit tobacco use.

SECONDHAND SMOKE: To eliminate non-smoker's exposure to secondhand smoke through policy initiatives such as: Young Lungs at Play (playgrounds and recreational areas); Worksite Policy (creation or strengthening of policies for worksites); and Multi-Unit Housing (creation or strengthening of policies for those who operate multi-unit housing).

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Making Strides in Arthritis Care

HEALTH DISPARITIES: To identify and eliminate tobacco-related health disparities among population groups through educating local legislators, conducting targeted cessation outreach for identified populations and integrating

cessation with chronic disease initiatives.

We look forward to undertaking these efforts and feel that this grant is a perfect fit with the mission and vision of the Lung Disease Foundation of Central Pennsylvania.

Please contact Sherri L. Stayer, Executive Director of the Lung Disease Foundation for more information on any of the above initiatives. Sherri can be reached at 814-946-2845 x 200 or sherris@altoonalungspecialists.com .



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2017 Update on Early Detection Program for Lung Cancer

Data continues to show that annual screening for lung cancer, using low dose CT scans, helps detect early lung cancers which are potentially curable. The Lung Disease Center of Central Pa. was the first in this area to develop an Early Detection Program (EDP) based on a large population study showing the benefits of annual screening in high risk groups. To be sure, even early detection cannot always insure we will find curable cancers, but the reduction in mortality noted to be about 20% in the original study, is significant given that the overall survival time from diagnosis to death in patients with lung cancer from all causes is a little over one year.

CT scanning, as a screening tool, is expensive and has caused many insurance companies and the federal government to be slow to acknowledge the benefit. The US Preventative Task Force, an independent volunteer group

of health care experts, now recommends that CT scanning be conducted on individuals between the ages of 55 and 80 who have at least a 30 pack year smoking history. (Pack years are the number of packs of cigarettes smoked per day times the number of years smoked.)

Locally, we find abnormalities on chest CT scans every day. Recently, some criteria have been advanced that will help to determine which findings are worthy of more aggressive follow up and study, preventing the need for further procedures or biopsies. More refinement in the screening technique is certain to occur, but the current best results are when the patient participates in an Early Detection Program annually. *



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2017 Update on E-Cigarettes

E-cigarettes and vaping continue to be discussed by health care providers at every level of involvement. Last year the federal government decided that it would regulate e-cigarettes the way it regulates traditional cigarettes and smokeless tobacco. One of the reasons seems to be the increased use of e-cigarettes by younger age groups. While it is known that 1 in 10 adults in the US has tried e-cigarettes at least once, the number of high school students who use or have tried e-cigarettes has risen 900% from 2011

to 2015. Addiction to nicotine can begin with young users who feel the devices are "safer" than traditional cigarettes. However, studies have shown that e-cigarettes can provide the same blood levels of nicotine as regular cigarettes, especially with chronic users who tend to inhale more deeply and use the device more intensely. Vaping can deliver particulate matter similar to regular cigarette smoke.

Aside from the inhalational risk, there have been over 137 incidents where device malfunction has

resulted in serious injury. Some of the e-cigarette accidents have led to permanent disfigurement and disability. Moreover, at least 67 accidents have led to major property loss beyond the e-cigarette itself. The culprit behind these accidents appears to be the battery used in the device. Some of the accidents occurred when extra batteries were in the users pocket along with coins or keys which caused the battery to short out and create a localized fire or explosion in the pocket.

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Chronic Care Management



The care of a patient does not end when the office visit is over. The care of a patient does not end following a hospital discharge. The care of patients with chronic disease states such as COPD, heart disease or diabetes has been made more difficult by the fragmentation of medical care. Patients are seen by one physician in the office and another physician in the hospital. They are seen by specialists caring for one organ system or the other. How can we manage the care of patients with chronic disease states and keep track of problems before they arise?

Patients with COPD are told that their disease cannot be cured. They are told that their disease is progressive and to tell their lung doctor if they are having more problems. It is not feasible to see a patient with chronic lung disease with the frequency that could keep them from developing problems which often results in hospitalizations. The three basic goals for the treatment of patients with chronic lung disease such as COPD are: relieve symptoms, preserve lung function and prevent hospitalizations. Patients are asked to notify the office if they are having problems or if they run out of medicine, but often these requests go unheeded or occur at times when the information cannot be conveyed to a health care provider. Most patients are seen in the office at some reasonable interval e.g. every 6 months but what if some simple problems arise between visits and resolving them could save the patient an ER visit or hospitalization

if it was acted upon early? Consider the patients that are hospitalized between office visits. When they return to the office they may even forget to mention the hospitalization. Medications may have been changed, but they cannot recall what was done or why.

Medicare recognizes the need to have more aggressive and timely chronic care management. It believes that a program devoted to greater in-home supervision of patients with chronic diseases between office visits will improve the care of these patients and save money spent on ER visits and hospitalizations. To this end, Medicare has set up a Chronic Care Management Program and allocated 17 billion dollars for its implementation. No program can take care of all the problems associated with the care of

chronic disease patients but this is a worthwhile start.

The Lung Disease Center of Central Pennsylvania and the Altoona Lung Specialists clearly recognize the potential benefit of a Chronic Care Management Program for the many patients suffering from COPD and other debilitating lung diseases. This recognition has prompted action. The Lung Disease Center of Central Pennsylvania and the Altoona Lung Specialists have developed a partnership with SPAC International, a company certified to provide services for this Medicare

initiated program. Starting in January of 2017 patients of the Altoona Lung Specialists who are covered by Medicare will be encouraged to enroll in the Chronic Care Management Program.

Starting in 2017 patients of the Altoona Lung Specialists who are covered by Medicare will be encouraged to enroll in the Chronic Care Management Program.

Patients in the program will be called monthly between visits by a certified health care worker and asked about their condition and problems. Medications will be reviewed and any ER visits, or hospitalizations will be noted. These phone visits and any problems they detect will be conveyed to the patient's lung physician at the Lung Center and if the problem is more appropriate for the family doctor he/she will be notified. This service will take place utilizing the electronic health record at the Lung Center and notes from the phone visits will be made part of the patient's chart record. Patients will have a 24/7 phone number to a health care professional to access for non-emergent problems. The need for an early visit to the physician will be conveyed directly to the Lung Center. This will allow the lung physician to better monitor and provide the best possible care. Details and enrollment forms will be given to Medicare eligible patients at the time of their office visit.

Continued on Page 10

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Continued from Page 9

This new and innovative service for pulmonary care will only be available to Medicare patients. The Lung Disease Center and the Altoona Lung Specialists have chosen SPAC International as their partner in this effort because of their current track record in providing population health management services, medication reconciliation, and chronic care management services to over 500 providers in the United States and covering thousands of patient lives. SPAC International also works with national pharmaceutical firms and hospitals. We will monitor these services to be sure they provide the desired outcome, which is less ER visits, less hospitalizations, and better patient outcomes.

The Chronic Care Management Program at the Lung Disease Center of Central Pennsylvania is another way the Altoona Lung Specialists are demonstrating their commitment to our patients and community. Offering this new and innovative program will help extend our pulmonary services beyond the office walls and help bring 21st century care to our Medicare patients with chronic lung disease. ✦



Advancement of Treatment Options for *Sleep Apnea*



By Alan J. Kanouff, D.O.

If you have tried CPAP (Continuous Positive Airway Pressure) in the past for sleep apnea and failed, it is worth trying again. I have been seeing multiple patients that were intolerant to CPAP in the past and are now able to use it. I believe the reason for this change is comfort. The two main reasons for not tolerating CPAP are high pressure and an uncomfortable mask. As with all technology, multiple advances have been made in how positive pressure devices provide air, making it more comfortable. If unable to tolerate CPAP, one option is to try BiPAP (Bilevel Positive Airway Pressure). BiPAP is one pressure when breathing in and less pressure when breathing out. CPAP delivers the same pressure at all times. This is beneficial for patients that have trouble exhaling with CPAP or have issues with excess gas in the GI tract from their CPAP. The latest change with CPAP is how pressure is delivered to the patient. Flex is the name given for what is called expiratory pressure relief. The machine is able to monitor the patient's airflow during expiration and reduces the pressure in response to the patient's needs. Toward the end of the expiration, the pressure is increased again to prevent airway collapse. This has made a difference in compliance with CPAP and BiPAP. The pressure delivered is more tailored to the individual patient and therefore, more comfortable.

The masks have also changed with advancements in technology making them more comfortable. 3D printing has allowed for more contoured molds to better simulate a person's facial structure and newer masks are the result of these changes. The silicone used in masks

is very soft and more appealing. They are also getting smaller and lighter with smaller headgear.

Advances in alternative treatment have continued to improve and new treatment options are available. One of the alternative treatments is a dental appliance. This is not new, but advancements have been made in the development to make it more comfortable and affordable. Dental appliances are typically more comfortable than CPAP and are very small, requiring no power to use. They are not as effective in severe sleep apnea, but we have used them in patients that are unable to tolerate CPAP. Insurances are starting to help pay for these appliances especially for patients that fail CPAP. We are working well with local dentists who make the molds in their office so that they are designed specifically for you. The newest device for OSA is a hypoglossal nerve stimulator. It is FDA approved and is implanted in the chest with a wire that is positioned next to the hypoglossal nerve. This stimulates the nerve to help keep the upper airway muscles and tongue tense during sleep. Initial studies were mainly done in patients with a body mass index of less than 32, but did reveal significant improvement. Ongoing studies are being done to further evaluate this option.

The monitoring of CPAP in the past was typically to measure compliance with treatment. Now, we use this monitoring to evaluate how well a patient is doing on their current settings. We call this smart CPAP just like smart TV's and smart Blu-ray players. They can monitor the patient through the night and tell us if it is working properly. This is something that can be monitored by the patient as well with their smartphones. These new advancements are just the beginning for patients with this disease and we will continue to stay updated to provide the best services for you. ♦



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The Lung Disease Foundation of Central Pennsylvania (LDF) is dedicated to inform, empower and educate individuals on how to improve all aspects of lung health. To accomplish this, the Lung Disease Foundation partners with community businesses and organizations, their staff and volunteers to raise awareness of lung health issues, and assist with lung cancer patients and their families' needs.

Every November during National Lung Cancer Awareness Month, the Foundation works especially hard to raise funds and contributions to enable the Foundation to continue their programs. Educational materials are distributed and events are held with presentations by the Lung Disease Center of Central PA (LDC) physicians. Thanks to a special partnership with Applebee's in the Logan Valley Mall, our "Dining To Donate" event takes place on Tuesdays in November with 15% of the diners' meal checks donated to the Foundation.

The "Beacon of Light on Lung Cancer Walk" is held every August as the kick off to "Health-O-Rama". Walkers from across the Central Pennsylvania region join the Foundation to raise money by signing sponsors and then walking inside the Logan Valley Mall for two hours prior to the health fair beginning. Every year the walk has continued to receive strong community involvement and participation, and is the Foundation's largest fund raiser.

The Foundation has had great

success with the Lung Cancer Early Detection Program and we're excited about the Foundation being named Tobacco Control Service Provider for Blair and Bedford Counties. Through the Tobacco Control Service Provider Grant, the Foundation is using a comprehensive approach in delivering tobacco control programs including prevention, quitting and eliminating exposure to secondhand smoke. (See page 4 for more information.)

Over 158,000 Americans died from Lung Cancer in 2015 and many others suffer from this terrible disease. More people die of lung cancer each year than breast, prostate, colon and pancreas cancers combined. Often, by the time you see the symptoms, there is little chance to do any type of surgical removal, which is the only know reliable cure.

The Lung Disease Foundation, a 501(c) (3) nonprofit foundation founded by Dr. George M. Zlupko, is located at the Lung Disease Center of Central Pennsylvania in Altoona, PA. We are always looking for volunteers and new ideas on how to raise funds for this very important cause.

Be sure to like our Facebook page for information on upcoming events and lung health news. For more information on the Foundation, their services and programs, please visit our website at www.lungdiseasefoundation.org, or contact Sherri Stayer, Executive Director, at 814-946-2845, ext. 200 or email her at sherris@altoonalungspecialists.com. ✦



(Left to right) Connie Miller of Select Specialty Hospitals, sponsor of the Beacon of Light on Lung Cancer Benefit Walk; Michael Harf, walker recognized for the most laps walked; Barbara Gerrity was the winner of the most donations raised; Dr. George M. Zlupko, Chairman of the Lung Disease Foundation of Central PA.



Our Doctors

Timothy A. Lucas, M.D., FCCP

Dr. Timothy Lucas joined Altoona Lung Specialists in 2000. He received a Bachelor of Science Degree in Biology from the University of Pittsburgh. Dr. Lucas attended medical school, performed his internship, residency, and fellowship training, all at The Pennsylvania State University College of Medicine in Hershey, Pennsylvania.

Dr. Lucas is certified by the American Board of Internal Medicine in Internal Medicine, Pulmonary

Disease, and Critical Care Medicine, as well as the American Board of Sleep Medicine. He enjoys the distinction of being a Fellow of the American College of Chest Physicians.

Dr. Lucas has privileges at UPMC Altoona and is the Medical Director of the Sleep Disorder Network in the Lung Disease Center of Central Pennsylvania



Alan J. Kanouff, D.O., FCCP

Dr. Kanouff received his education at the Pennsylvania State University spending his first two years in Altoona before finishing up at University Park. He completed his medical education at the Philadelphia College of Osteopathic Medicine. He performed his residency at Conemaugh Valley Memorial Hospital in Johnstown, Pennsylvania, and underwent his pulmonary training at Allegheny General Hospital in Pittsburgh, Pennsylvania. He joined the Lung

Disease Center of Central Pennsylvania in 2009.

Dr. Kanouff is certified by the American Board of Internal Medicine in Sleep Medicine and Pulmonary Diseases. He is also certified in Critical Care Medicine and Internal Medicine, and is licensed by the State of Pennsylvania as a Doctor of Osteopathy. Dr. Kanouff has the distinction of being a Fellow of the American College of Chest Physicians.



George M. Zlupko, M.D., FCCP

Dr. George M. Zlupko is the senior partner and founder of Altoona Lung Specialists. He is the Director of the Lung Disease Center of Central Pennsylvania, which he founded, along with one of his partners, Dr. Timothy Lucas. He also founded the Lung Disease Foundation of Central PA.

Many of the current advanced procedures used locally in pulmonary medicine had their beginnings more than thirty years ago when Dr. Zlupko arrived in Altoona to add knowledge, direction, and expertise to the critical care unit and respiratory care department of the, then, Altoona Hospital. He brought with him the techniques of fiber

optic bronchoscopy, followed by navigational bronchoscopy, and the new technique of Endobronchial Ultrasound most recently introduced by his son, Dr. Michael Zlupko.

Dr. Zlupko's mission has been to provide high quality pulmonary medicine services which would rival tertiary care facilities, close to home for more convenient patient care.



Michael C. Zlupko, M.D.

Dr. Michael C. Zlupko joined the Altoona Lung Specialists July 1, 2013. He graduated summa cum laude with a Bachelor of Arts in Biology from Franklin and Marshall College in Lancaster, PA. Dr. Zlupko received his medical degree from the University of Pennsylvania School of Medicine in Philadelphia, PA. He performed his internal medicine residency at the University of Virginia in Charlottesville, VA and completed his pulmonary and critical care training at the Cleveland Clinic Foundation in Cleveland, OH.

Dr. Michael C. Zlupko is Board Certified by the American Board of Internal Medicine in Internal

Medicine, Pulmonary Disease, and Critical Care Medicine. He is licensed to practice medicine by the State of Pennsylvania with privileges at UPMC Altoona, Tyrone Hospital, HealthSouth Rehabilitation Hospital of Altoona, and the James E. VanZandt Veteran's Memorial Hospital.



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We would like to thank each member of the Altoona Lung Specialists' team for their loyalty and dedication to the needs of our patients. Our team members play an integral part in the success of the practice. Each and every team member has medical background and extensive training in their respective role, including Receptionists, Medical Secretaries, Certified Medical Assistants, Radiology Technicians, and Registered Sleep Technicians. Our team members are diverse in age, educational background, training, and the number of years they have been a member of our team; however, they each have an important common thread and that is their dedication to being compassionate, caring, and professional in their effort to insure that each and every patient of Altoona Lung Specialists receives the best care and customer service available in their given field of expertise. Thank you! ✦

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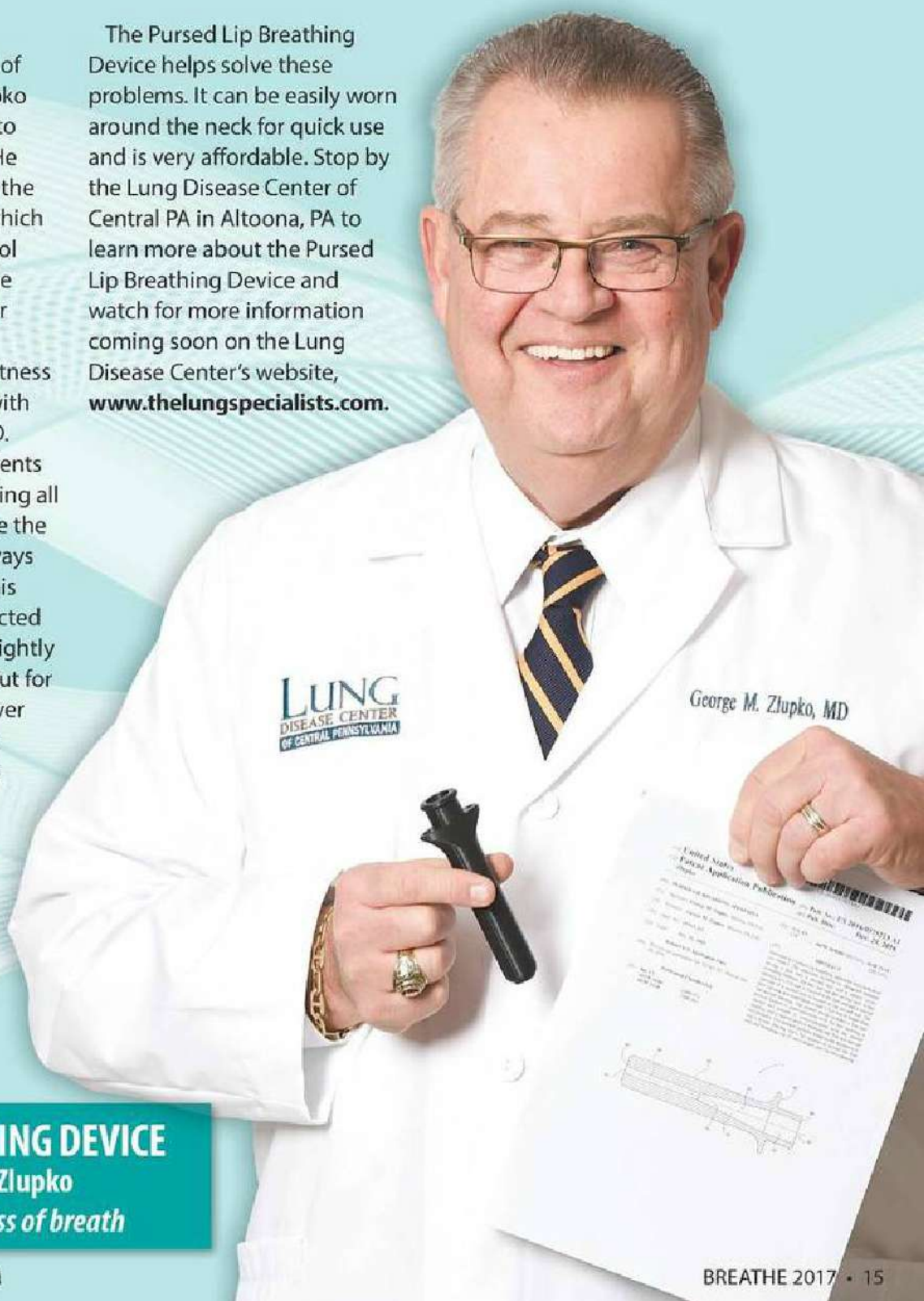
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