**1. Use of Spirometry Testing in the Assessment and Diagnosis of COPD**

 Individuals 40 years of age and older with a new diagnosis of COPD or newly active COPD, who received appropriate spirometry testing to confirm the diagnosis.

* Spirometry testing is recommended by the Global Initiative for Chronic Obstructive Lung Disease as the preferred method for diagnosing COPD
* Despite being the gold standard for diagnosis and assessment of COPD, spirometry testing is underused.
* Earlier diagnosis using spirometry testing supports a treatment plan that may protect against worsening symptoms and decrease the number of exacerbations.

2. **Pharmacotherapy Management of COPD Exacerbation (PCE)**

* Members 40 years of age and older who had an acute inpatient discharge or emergency department (ED) visit were dispensed appropriate medications.

 1. A systemic corticosteroid (Steroid) (or there was evidence of an active

 prescription) within 14 days of the event.

 2. A bronchodilator (or there was evidence of an active prescription) within 30 days of the

 event.

* Oral corticosteroids are a common treatment for acute asthma flare-ups to reduce inflammation and swelling in the airways and have been shown to reduce emergency room visits and hospitalizations for asthma.
* Inhaled corticosteroids include Fluticasone (Flovent HFA, Arnuity Ellipta, others) Budesonide (Pulmicort Flexhaler) Mometasone (Asmanex Twisthaler)
* The 3 most widely used bronchodilators are: beta-2 agonists – like salbutamol, salmeterol, formoterol and vilanterol.