

MEDCAC Presentation

JULY 22, 2020

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Full Disclosure and Conflict of Interest

I am the Chief Medical Officer of VieMed, a DME provider of NIV. My financial association is > \$10,000/year.

HMV Reduces Mortality, Hospitalizations and ER Visits in COPD-CRF.

Frazier W, et al

- Medicare LDS analysis from 2012-2017
- Propensity matched, average treatment effect
- Presented at CHEST, Oct. 22,2019
- Manuscript submitted for publication



MORTALITY

ARR	RRR	NNT
12%	26%	8.6

HOSPITALIZATION

ARR	RRR	NNT
11%	15%	9

ER VISIT

ARR	RRR	NNT
16%	18%	6

HMV Reduces Mortality and Healthcare Utilization in Medicare Patients with COPD-CRF.

Frazier W, et al

- Medicare LDS analysis 2012-2018
- Cohort Matched, Treatment on treated effect
- Abstract submitted to CHEST, Oct. 2020
- Manuscript in preparation



MORTALITY

ARR	RRR	NNT
18%	39%	5.5

HOSPITALIZATION

ARR	RRR	NNT
11%	17%	9

ER VISIT

ARR	RRR	NNT
20%	22%	5

Patient Selection Criteria for NIV in COPD-CRF

- pCO₂ >45 with appropriate pH compensation
- Clinical findings of GOLD stage D COPD (2 AECB or 1 or more COPD hospitalizations in a year and significant symptoms)
- PFT with Gold stage 4 obstruction (FEV₁ < 30%)

Hours Of Usage Criteria for NIV in COPD-CRF

- Continuing coverage for NIV should not be dependent an arbitrary hours of use criterion

Concomitant Service for COPD-CRF Patients on NIV

- Patients should have easy access to routine and emergent follow-up from RTs or RNs provided by their NIV supplier

Equipment Parameters for NIV in COPD-CRF

- NIV for COPD-CRF should be solely provided by home mechanical ventilators