## Online Supplement Does Evaluation and Management of COPD Follow Therapeutic Strategy Recommendations?

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<b>Survey question</b>	Answer options
How many years have you been in practice?	Open-ended responses
On average, how many patients diagnosed with COPD do you treat per week?	<ul> <li>&lt; 10</li> <li>10—19</li> <li>20—29</li> <li>≥ 30</li> </ul>
How often do you use a validated tool such as the mMRC Dyspnea Scale or COPD Assessment Test (CAT) to assess COPD symptoms/health status?	<ul> <li>Never</li> <li>Rarely</li> <li>Sometimes</li> <li>Most of the time</li> <li>Always</li> </ul>
When do you order spirometry for your COPD patients?	<ul><li>At diagnosis</li><li>Routine monitoring</li><li>Acute change in symptoms</li></ul>
What percentage of your patients do you believe experienced at least 2 exacerbations in the past year?	Open-ended responses
What percentage of your patient do you believe were hospitalized (for at least 1 night) in the past year because of their COPD?	Open-ended responses
What is the primary reason your patients stop taking their COPD medication as prescribed? (select only 1 answer)	<ul> <li>Forgetfulness</li> <li>Embarrassment when out in public</li> <li>Side effects from medication</li> <li>Lack of perceived efficacy</li> </ul>

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	• Cost
Which types of referrals do you make most	<ul> <li>Pulmonary rehabilitation</li> </ul>
often for patients with COPD? (select all	<ul> <li>Case management</li> </ul>
that apply)	<ul> <li>Durable medical equipment</li> </ul>
	<ul> <li>Mental health services</li> </ul>
	<ul> <li>Smoking cessation</li> </ul>
	<ul> <li>Advance care planning</li> </ul>
	Pulmonology specialist

## **Supplemental Table 2. Patient Survey**

Survey question	Answer options
What year were you born?	Open-ended response
Which best describes your race/ethnicity?	<ul> <li>African American/Black</li> <li>Asian/Pacific Islander</li> <li>Caucasian/White</li> <li>Hispanic/Latino</li> <li>Native American/Alaska Native</li> </ul>
How long have you had COPD?	<ul> <li>Less than 1 year</li> <li>1 to 4 years</li> <li>5 to 9 years</li> <li>10 or more years</li> </ul>
What is your stage of COPD?	<ul> <li>Mild (stage 1)</li> <li>Moderate (stage 2)</li> <li>Severe (stage 3)</li> <li>Very severe (stage 4)</li> <li>I do not know</li> </ul>
In the past year, how many flare- ups/exacerbations have you had (when your COPD symptoms suddenly worsened)?	<ul> <li>None</li> <li>1 time</li> <li>2 times</li> <li>3 or more times</li> <li>I do not know</li> </ul>
In the past year, how many times have you been hospitalized for 1 night or longer because of your COPD (or and exacerbation)?	<ul> <li>None</li> <li>1 time</li> <li>2 times</li> <li>3 or more times</li> <li>I do not know</li> </ul>
In the past year, how often has your COPD provider asked about your COPD symptoms (cough, breathing, sputum)?	<ul> <li>Never</li> <li>At one of my visits</li> <li>At some of my visits</li> <li>At most of my visits</li> <li>At every visit</li> </ul>
Did you have any breathing tests done to diagnose your COPD?	<ul><li>Yes</li><li>No</li><li>I do not know</li></ul>
Have you had any breathing tests does in the past year?	<ul><li>Yes</li><li>No</li><li>I do not know</li></ul>
What stops you from taking your COPD medication as prescribed? (select only 1 answer)	<ul> <li>I forget</li> <li>I am embarrassed to use it in public</li> <li>I do not feel good when I take them (side effects)</li> <li>I do not feel that the medications work</li> </ul>

	<ul> <li>well</li> <li>I cannot afford to take it as prescribed</li> <li>Other: [open-ended responses]</li> <li>I do not know what medication I take for my COPD</li> </ul>
Which of these referrals has your provider offered you? (select all that apply)	<ul> <li>Pulmonary rehabilitation (program that teaches exercise, nutrition, breathing strategies, and other education to help you live better)</li> <li>Case management (helps coordinate care to meet your health needs)</li> <li>Durable medical equipment (company to help with your medical supplies, including oxygen)</li> <li>Mental health/counseling/psychologist/psychia trist</li> <li>Quit smoking program/medications</li> <li>Palliative/hospice care</li> <li>Pulmonology (lung doctor or specialist)</li> <li>I have been offered referrals but do not remember exactly which ones</li> <li>Other: [open-ended responses]</li> </ul>