



# Building an ILD Care Team UC San Francisco



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# Conflict of Interest Disclosure

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- Neither I, nor my spouse/partner has any financial relationships with commercial entities producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients relevant to the content I am planning, developing, presenting, or evaluating

# Content Attestation

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- I hereby declare that the content for this activity, including any presentation of therapeutic options, is well balanced, unbiased, and to the extent possible, evidence-based.
- Consultant and Speaker
- Speakers Bureau:
  - Boehringer Ingelheim
- I will not discuss pharmacologic management during this talk



# UCSF ILD Program

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- Multidisciplinary clinical & research program
- State-of-the-art diagnosis / treatment recommendations

**ILD MD: One-hour visit**

**ILD nurse: In-depth education, planning**

**Comprehensive team evaluation**

**Timely feedback to patients, providers**

**Clinical trials - ILD research coordinators**

# UCSF ILD Team

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# UCSF ILD Team

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- > 500 new pts/yr; follow 2,000 pts

Pulmonary, radiology, rheumatology, pathology, nurses, staff – ILD expertise

- Work closely with PH, GI, occupational med, sleep, lab, integrative med, transplant, thoracic surgery
- Interface with local and national experts



# ILD Education

ILD: Advances in Diagnosis and Management

- ILD CME
- ILD Patient Seminar
  - With Stanford / UC Davis
- Twice-yearly newsletter
- ILD-focused seminars / support

# ILD Community

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- Interface with community practices
- Patients seen in consult
  - After MDD conference, ILD MD calls provider / patient - discuss diagnosis, plan
  - Care continued by referring clinician
  - Follow up every 6 – 12 months
- Providers available to discuss case, care

[https://www.ucsfhealth.org/clinics/interstitial\\_lung\\_disease\\_program/](https://www.ucsfhealth.org/clinics/interstitial_lung_disease_program/)



# ILD Research

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- Clinical trials
- NIH basic, clinical research
  - Locate clinical trials for all appropriate patients
- Tailored discussions
  - ILD research coordinators
  - Strive to include all interested patients in clinical research protocols
  - Refer directly to research without ILD clinic care
- <http://pulmonary.ucsf.edu/research/trials/interstitial.html>

# Key Considerations for Clinicians

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- Use expert radiologist and pathologist
- PFTs, HRCT inspiratory / expiratory views
- **Refer to PFF Center: All IPF, HP, familial, uncertain, complex cases**
- *Early* referral for ILD, transplant eval
- Refer to pulmonary rehabilitation
- Assess for hypoxemia
  - Walk all pts
  - Consider forehead sensor



Multidisciplinary  
Diagnosis and  
Treatment

# CA PFF Network

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## Medical Centers

- UCSF
- Stanford
- UCLA
- Keck USC
- UC Davis
- UCSF
- Sansum Clinic
- Stanford
- UCSD



## Support Groups

- |                |            |
|----------------|------------|
| Eisenhower     | Stanford   |
| Fontana Kaiser | Sutter Sac |
| John Muir      | Torrance   |
| Fresno         | UC Davis   |
| Hemet          | UCLA       |
| Murrieta       | UCSD       |
| Norwalk        | UCSF       |
| Scripps        | USC        |



# CA Pulmonary Rehabilitation



## 67 Pulmonary Rehabilitation Programs

- <https://www.cspr.org>

## Resources for Patients

- <https://www.aacvpr.org/Resources/Resources-for-Patients/Pulmonary-Rehab-Patient-Resources>

# Evidence-based Guidelines for Diagnosis and Management of IPF Statement

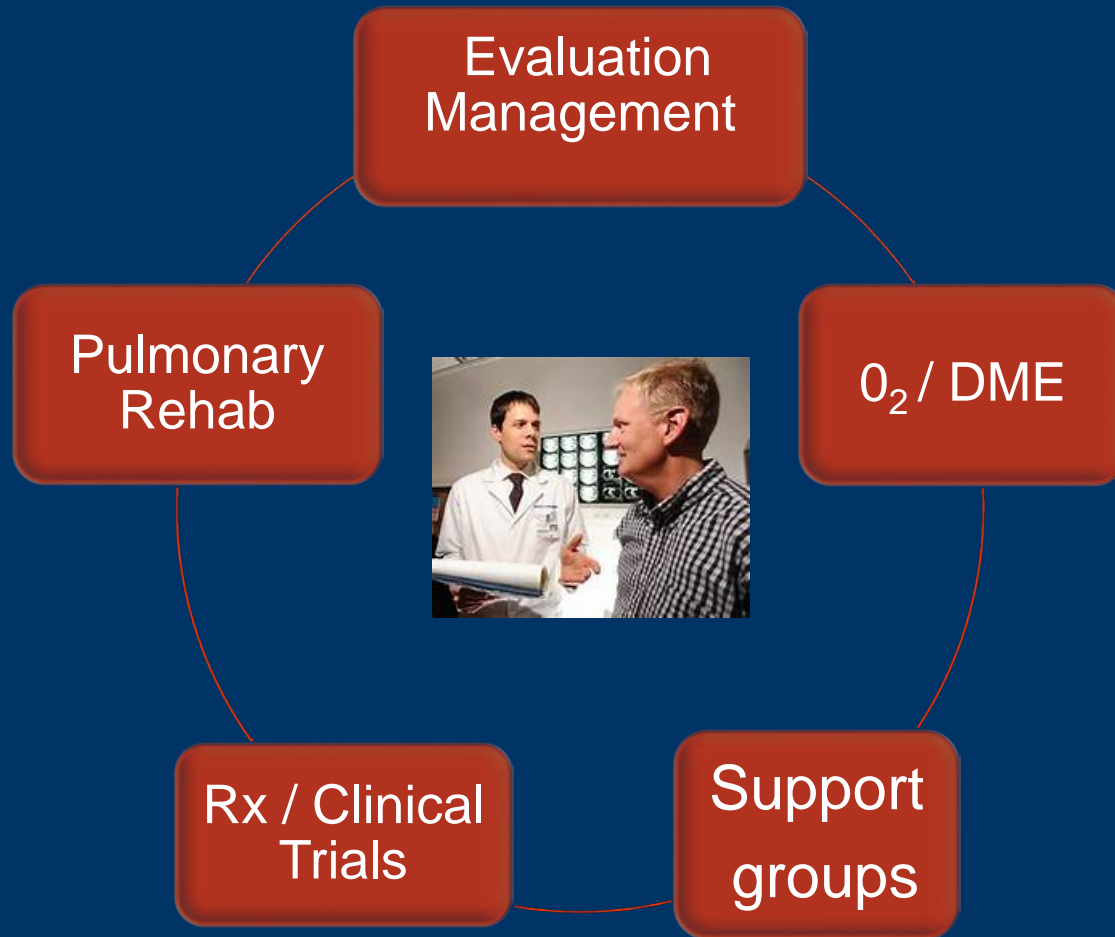
- Two controlled trials of PR in IPF
- Improved walk distance, symptoms, +/- QOL scores<sup>1,2</sup>
  - Other uncontrolled studies have similar findings<sup>3-6</sup>
- Remarks:
  - Long-term benefit of PR remains unclear
  - Components of PR may need to be tailored to IPF

## Recommendation:

Majority of patients with IPF should be treated with PR

- 1. Holland A, et al. *Thorax* 2008;63:549–554. 2. Nishiyama O, et al. *Respirology* 2008;13:394–399. 3. Ferreira A, Garvey C, et al. *Chest* 2009;135:442–447.
- 4. Ferreira G. *J Cardiopulm Rehab* 2006;26:54–60. 5. Jastrzebski D, *J Physiol Pharm* 2006;57:139–148. 6. Naji NA, et al. *J Cardiopulm Rehabil* 2006;26:237–243.

# Interface / Care Coordination



# On the Horizon - ILD

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- PFF
  - 45 Centers – will expand
  - Supports training ILD fellows
- Home Pulmonary Rehabilitation
  - No evidence based guidelines
  - Programs require vetting, evaluation





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**Thank you!**

