

Bronchiectasis and NTM Care Center Network

Site Requirements

Personnel Role	Care Center	Clinical Associate Center
Center Director	Center Director must be a Board Certified* Pulmonologist and/or Infectious Disease (ID) specialist w/at least 3 years post-fellowship clinical experience caring for bronchiectasis or NTM patients. <i>*Exceptions will be considered on a case-by-case basis.</i>	Center Director must be a Board Certified* Pulmonologist and/or Infectious Disease (ID) specialist w/at least 2 years post-fellowship clinical experience caring for bronchiectasis or NTM patients. <i>*Exceptions will be considered on a case-by-case basis.</i>
	Responsibilities: <ul style="list-style-type: none"> • Provides operational oversight of the Center. • Coordinates the bronchiectasis and NTM efforts of the institution and core care team to provide care, teaching, and research at the Center. • Coordinates the provision of education to the institution and/or affiliated schools regarding recent advances in bronchiectasis and NTM research and clinical care. • Coordinates the research responsibilities of the Center. 	
Center Coordinator	Center coordinator must have a bachelor's degree or higher, with a minimum of 3 years of experience working in a clinical setting.	
	Responsibilities: <ul style="list-style-type: none"> • Assists the Care Center Director in ensuring the Center adheres to all requirements of the Care Center Network. • Serves as the primary contact for the Center, coordinating with the COPD Foundation to schedule any meetings and submit necessary documentation (e.g., progress reports, contracts). • Maintains and adheres to Bronchiectasis and NTM Care Center Networks Standards (as available in the future). • Orders educational materials for the Center. 	
Respiratory Therapy Support* <i>*If such services are provided by a physical therapist, this may be allowed.</i>	Center must have on-site (i.e., within institution) access to a Registered Respiratory Therapist, Registered Nurse, or equivalent to provide respiratory therapy resources/support. Preferably, this professional has experience in pulmonary rehabilitation (including airway clearance and equipment management) and working with bronchiectasis and/or CF patients.	If on-site respiratory therapy support is not available, Center must have identified a local institution offering respiratory therapy support to which patients can be referred.
Pulmonologist	Center must have <u>on-site</u> (i.e., within institution) access to a board-certified pulmonary specialist for consultative clinical care if Center Director is not a pulmonary specialist.	Center must have access to a <u>local</u> board-certified pulmonary specialist for consultative clinical care if Center Director is not in pulmonary.
Infectious Disease (ID) Specialist	Center must have on-site (i.e., within institution) access to a board-certified ID specialist for consultative clinical care if Center Director is not an ID specialist.	Center must have access to a local board-certified ID specialist for consultative clinical care if Center Director is not an ID specialist.
Lung Transplant Specialist	Center must have an identified local or regional transplant center to which patients can be referred. Center must coordinate with transplant center regarding patient care.	

Personnel Role	Care Center	Clinical Associate Center
Thoracic Surgeon	Center must have an identified local or regional thoracic surgeon, with experience performing surgery on bronchiectasis and/or NTM patients, to which patients can be referred. Center must coordinate with thoracic surgeon regarding patient care.	Center must have an identified local or regional thoracic surgeon, with experience performing surgery on bronchiectasis and/or NTM patients, to which patients can be referred. Center must coordinate with thoracic surgeon regarding patient care.
Otolaryngologist (ENT) Specialist	Center must have an identified local ENT specialist to which patients can be referred. Center must coordinate with ENT specialist regarding patient care.	Center must have an identified local ENT specialist to which patients can be referred. Center must coordinate with ENT specialist regarding patient care.
Gastroenterologist (GI)	Center must have an identified local GI specialist, with education or experience in identifying GI issues typically experienced by bronchiectasis and NTM patients, to which patients can be referred.	Center must have an identified local GI specialist, with education or experience in identifying GI issues typically experienced by bronchiectasis and NTM patients, to which patients can be referred.
Dietician/Nutrition Specialist	Center must have on-site access to a Dietician/Nutrition Specialist.	Center must have an identified local Dietician/Nutrition Specialist to which patients can be referred.
Psychosocial Services	Center must have an identified local professional offering psychosocial services to which patients can be referred.	
Patient Education/ Advocacy Support	Center must have on-site support to educate patients regarding medications and guide them through insurance claims/appeals.	

Institution/Facility	Care Center	Clinical Associate Center
Patient Cohort/Experience	Center must have at least 3 years of experience seeing bronchiectasis and NTM patients in clinic. Center must currently be seeing at least 150 bronchiectasis; 40 NTM annually.	Center must have at least 2 years of experience seeing bronchiectasis and NTM patients in clinic. Center must currently be seeing at least 50 bronchiectasis and/or NTM patients (combined) annually.
Appointment Wait Times For New Patients	It is recommended that the Center aim for a maximum wait time of 4-6 weeks for new patients.	
Respiratory Microbiology Testing	Center must have an established plan for cultures of respiratory specimens (i.e., referral to appropriate lab, if not available at center) to include NTM. The Bronchiectasis and NTM Care Center Network can provide a list of labs for reference.	
Computed Tomography (CT) Scan	Center must have on-site access to CT scanner and chest radiologist for diagnosis/confirmation of bronchiectasis.	Center must use CT scan for diagnosis/confirmation of bronchiectasis.
Pulmonary Function Testing (PFT)	Center must have on-site access to PFT.	Center must have an identified local institution to which patients can be referred for PFT.
Pulmonary Rehabilitation	Required access to Pulmonary Rehabilitation.	
Multidisciplinary Meetings	Center <u>must</u> convene recurring multidisciplinary meetings to ensure delivery of high-quality care. These meetings should include review of challenging patient cases, diagnostic procedures, treatment procedures, research, journal club, etc. These topics may be discussed at separate meetings or be consolidated.	It is <u>recommended</u> that the center convene recurring multidisciplinary meetings to ensure delivery of high-quality care. These meetings should include clinic preparation, review of challenging patient cases, diagnostic procedures, treatment procedures, research, journal club, etc. These topics may be discussed at separate meetings or be consolidated. Consider collaborating with a Bronchiectasis and NTM Care Center.
Clinical Staff/Team Meetings	Center <u>must</u> convene recurrent clinical staff/team meetings for patient coordination to ensure high-quality care.	Center <u>must</u> convene recurrent clinical staff/team meetings for patient coordination to ensure high-quality care.
Coordination of Care Across Clinics	Center must have established plan for coordination of care, including secure sharing of medical records across clinics. Centers must have medical records available electronically (EMR). Center must collaborate with other centers and/or physicians within the CNN and patients' local pulmonologist as applicable to facilitate patients' ability to seek additional professional opinions and be referred to specialty centers for treatments and services not offered at the Center.	
Clinical Research Program	Center must have an established clinical research program.	Clinical research is optional, but it is recommended that centers refer patients for clinical trials.
Specialty Pharmacy Access	Center must have access to a specialty pharmacy.	Access to a specialty pharmacy is preferred but not required.
Accreditation by CMS-Approved Entity	Must provide CMS certification number.	

Patient Engagement/ Support Groups	Referral to virtual support groups, like BronchandNTM360social, is strongly encouraged.	
Patient Engagement/ Awareness	Center must support World Bronchiectasis Day and World NTM Awareness Day campaigns by promoting events and educational materials.	
Patient Research Opportunities/PRO Registry	Center must promote PRO registry to patients.	It is recommended that Center promote PRO registry to patients.