

National Jewish Health®

Grant ID
US_IME_2026_00014738
Final Outcomes
Summary

NTM & Bronchiectasis Conference

for Healthcare Providers

SEPTEMBER 16-18, 2026

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Final Live Outcomes Summary



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Executive Summary: Activity Details

Final Live Outcomes Summary



LEARNING OBJECTIVES

01 Recognize the incidence and distribution for both NTM disease and bronchiectasis

02 Identify the clinical features and unique manifestations of NTM disease

03 Identify clinical features and underlying risk factors for development of bronchiectasis

04 Differentiate between the various types of NTM infections

05 Summarize the spectrum of bronchiectasis presentations and clinical evaluation

06 Describe current guidelines for the diagnosis and management of NTM disease and bronchiectasis

07 Apply the latest evidence to inform pharmacologic and non-pharmacologic management strategies for NTM disease and bronchiectasis

ACTIVITY OVERVIEW

The 2026 NTM & Bronchiectasis Conference for Healthcare Providers was held both in-person and virtually September 16–18, 2026. The first three days of the conference was focused on education for providers, and the final day educated patients and their families. Faculty included key opinion leaders from National Jewish Health and institutions across the U.S. who delivered lectures with an opportunity for question and answer after each presentation. Both components of the conference were recorded and endured online for registrants.

TARGET AUDIENCE

Pulmonologists, infectious disease physicians, family and internal medicine physicians, physician assistants, advanced practice nurses, registered nurses, and other health care professionals who diagnose and treat patients with NTM and bronchiectasis

Marketing Strategies

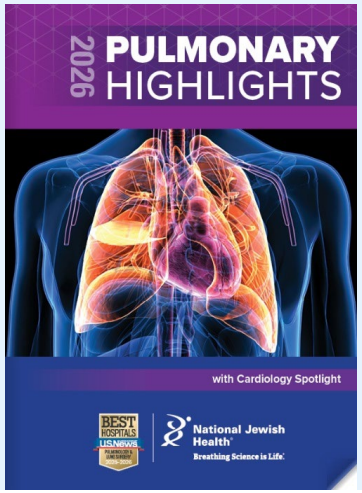
Final Live Outcomes Summary



MULTI-CHANNEL CONFERENCE PROMOTION

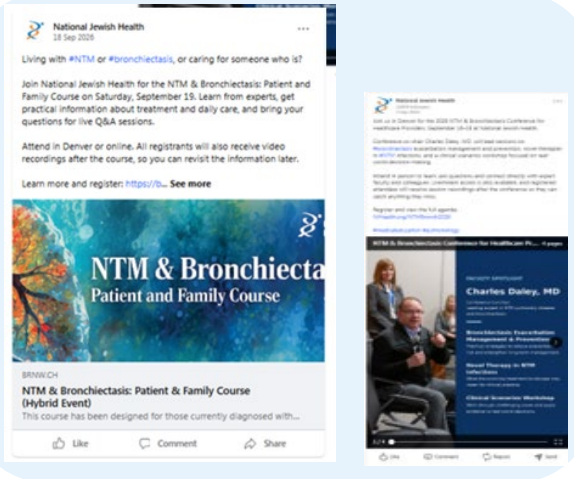
01 Pulmonary Highlights

Featured in Pulmonary Highlights publication sent to 8,000+ pulmonologists.



02 Social media promotion

Conference promotion shared through NJH social media channels.



03 Targeted email outreach

Emails to the NJH database and purchased specialty lists.



Program Faculty

Final Live Outcomes Summary



With appreciation to the faculty who made this education possible

Michelle Haas, MD
PROGRAM CO-CHAIR
Associate Professor
Division of Mycobacterial & Respiratory Infections
Department of Medicine
National Jewish Health

Charles Daley, MD
PROGRAM CO-DIRECTOR
Chief, Division of Mycobacterial and Respiratory Infections
Professor of Medicine · National Jewish Health

Edward Chan, MD
Staff Physician · National Jewish Health
Pulmonologist, Rocky Mountain Regional VA Medical Center

Jared J. Eddy, MD
Assistant Professor of Medicine
Director of Infection Prevention & Antimicrobial Stewardship
Division of Mycobacterial & Respiratory Infections
National Jewish Health

Nir Goldstein, MD, FCCP
Professor of Medicine
Division of Pulmonary, Critical Care and Sleep Medicine
National Jewish Health

David E. Griffith, MD
Professor of Medicine
Division of Mycobacterial & Respiratory Infections
National Jewish Health

Katherine Hisert, MD, PhD
Associate Professor of Medicine
Division of Pulmonary, Critical Care and Sleep Medicine
National Jewish Health

Jennifer Honda, PhD, ATSF
Associate Professor
Director, NTM Center at Tyler
University of Texas Health Science Center at Tyler

Shannon Kasperbauer, MD
Professor of Medicine
Division of Mycobacterial and Respiratory Infections
National Jewish Health

Reeti Khare, PhD
Director, Infectious Disease Laboratory
Associate Professor
Advanced Diagnostic Laboratories
National Jewish Health

FACULTY IMPACT

"They were all so willing to talk to patients during breaks, and took the time and effort to answer questions live and in the chat. Amazing!

Live in-person provider conference attendee

Program Faculty

Final Live Outcomes Summary



With appreciation to the faculty who made this education possible

Amy Leitman, JD
President
NTM Info & Research

Sherstin T. Lommatzsch, MD
Associate Professor
Department of Medicine
Division of Pulmonary, Critical Care, & Sleep Medicine
Section of Critical Care Medicine
National Jewish Health

Steven E. Lommatzsch, MD
Associate Professor of Medicine
Adult Site Co-Director, PCD Foundation
Division of Pulmonary, Critical Care & Sleep Medicine
Department of Medicine
National Jewish Health

Michelle MacDonald, MS, RD, CNE
Clinical Dietitian Supervisor
Certified Diabetes Educator
Clinical Nutrition Services
Department of Medicine
Section of Nephrology & Diabetology
National Jewish Health

Ted Marras, MD
Associate Professor
Director of the Toronto Western Hospital
NTM Program
University of Toronto, Canada

Stacy Martiniano, MD
Associate Professor of Pediatrics
Children's Hospital of Colorado
University of Colorado Hospital

John D. Mitchell, MD
Chief of General Thoracic Surgery
Division of Cardiothoracic Surgery
National Jewish Health
University of Colorado Hospital

Cheryl Torres, RRT
Respiratory Therapist
National Jewish Health

Soonho Yoon (Snow), MD, PhD
Professor of Medicine
Division of Radiology
National Jewish Health

FACULTY IMPACT

"I am very pleased with each speaker and the information presented. The conference was well organized. My knowledge of the subjects was reinforced. I'm very satisfied I attended.

Live in-person provider conference attendee

Quantitative Educational Impact

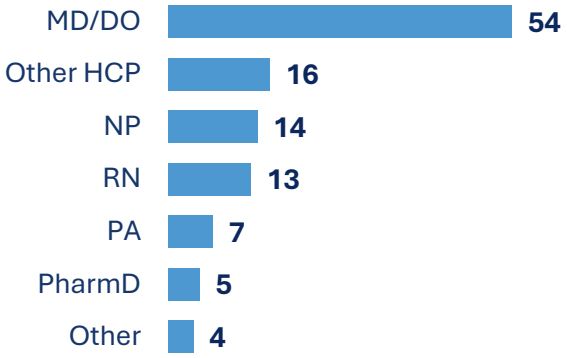
Final Live Outcomes Summary

Participation, learning outcomes and remaining needs

Participation

113 learners

Degree breakdown



113 starts • 63 pre-tests
59 post-tests • 59 certificates

Knowledge & competence

Average correct responses



Pre-test N=63 • Post-test AVG N=59

+14 percentage-point gain

22% relative gain

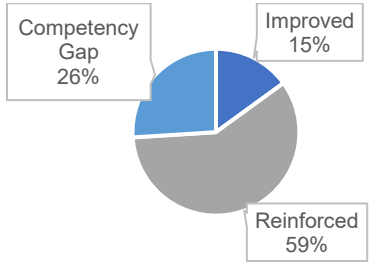
Confidence @ Post-Test 91% confident / very confident



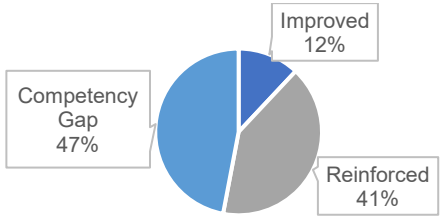
34% very confident • 57% confident • 6% neutral • 3% not confident

Persistent Learning Gaps/Needs

26% of learners remained unable to correctly apply evidence-based pharmacologic management strategies for NTM disease



47% of learners remained unable to correctly apply guidelines for NTM and bronchiectasis diagnosis and treatment



Potential patient impact: *22,896* per year (reported)

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Qualitative Educational Impact Summary

Final Live Outcomes Summary

Patient Impact

51

Evaluation respondents

Who see

477

NTM Patients Weekly

Which translates to

22,896

Patient Visits Annually

Educational Impact

Knowledge/Competence Change by Learning Objective **AVG N=78**

- Recognition of the incidence and distribution for both NTM disease and bronchiectasis increased by **100%**
- Ability to identify the clinical features and unique manifestations of NTM disease increased by **40%**
- Ability to identify clinical features and underlying risk factors for development of bronchiectasis — ****gain not reported**
- Differentiate between the various types of NTM infections increased by **30%**
- Summarize the spectrum of bronchiectasis presentations and clinical evaluation increased by **-1%**
- Describing the guidelines for the diagnosis and treatment of NTM disease and bronchiectasis increased by **11%**
- Application of latest evidence to make decisions about pharmacologic and non-pharmacologic management of NTM disease and bronchiectasis increased by **15%**

Practice Change

96%

Reported they intend to change their practice [N=54]

10

patients have already benefited from improved practice

(estimate based on self-reported information from providers 45 days post-activity)

**Due to a system glitch unable to capture competence change for LO 3

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Level 1 Outcomes: Participation by Degree

Final Live Outcomes Summary

TOTAL ATTENDEES

113

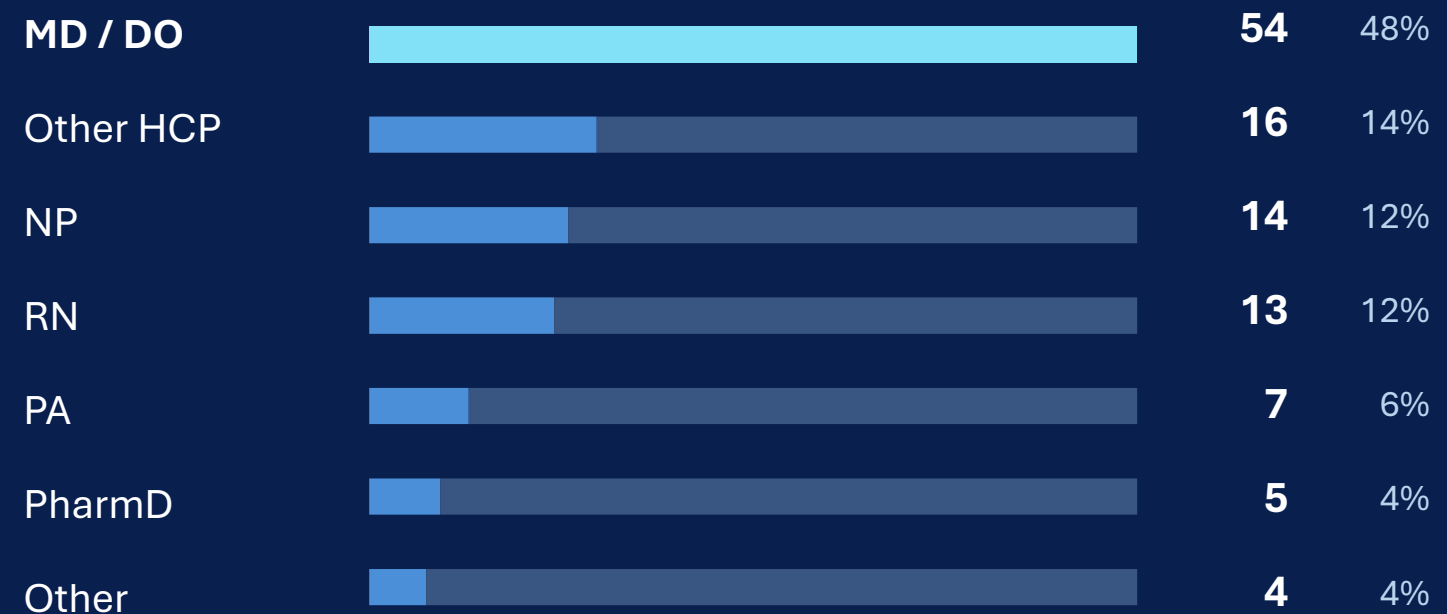
LIVE

52

VIRTUAL

61

ATTENDEE BREAKDOWN



LARGEST GROUP **MD / DO** **48%** 54 physicians attended

Level 1 Outcomes: Participation by Specialty

Final Live Outcomes Summary

TOTAL ATTENDEES

113

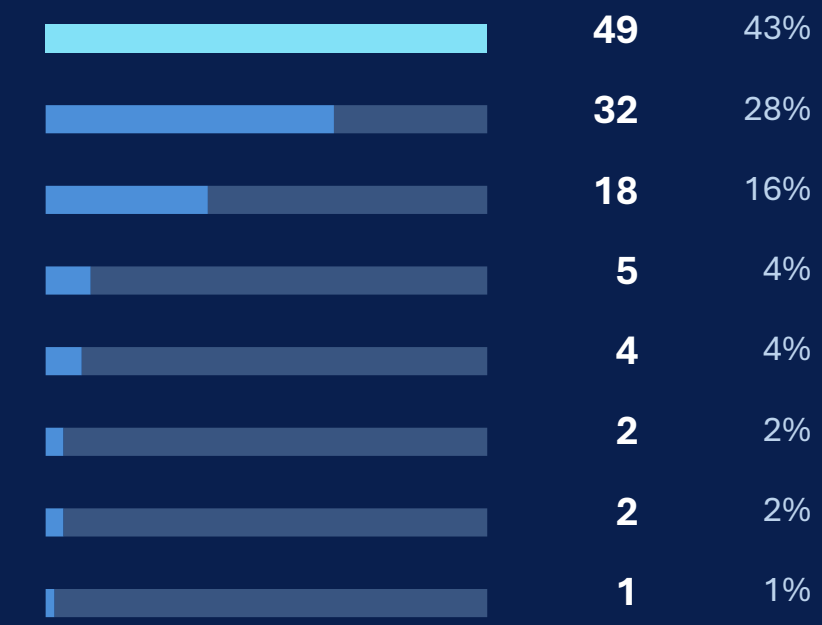
LARGEST SPECIALTY

Infectious disease

43%

49 infectious disease clinicians

SPECIALTY BREAKDOWN



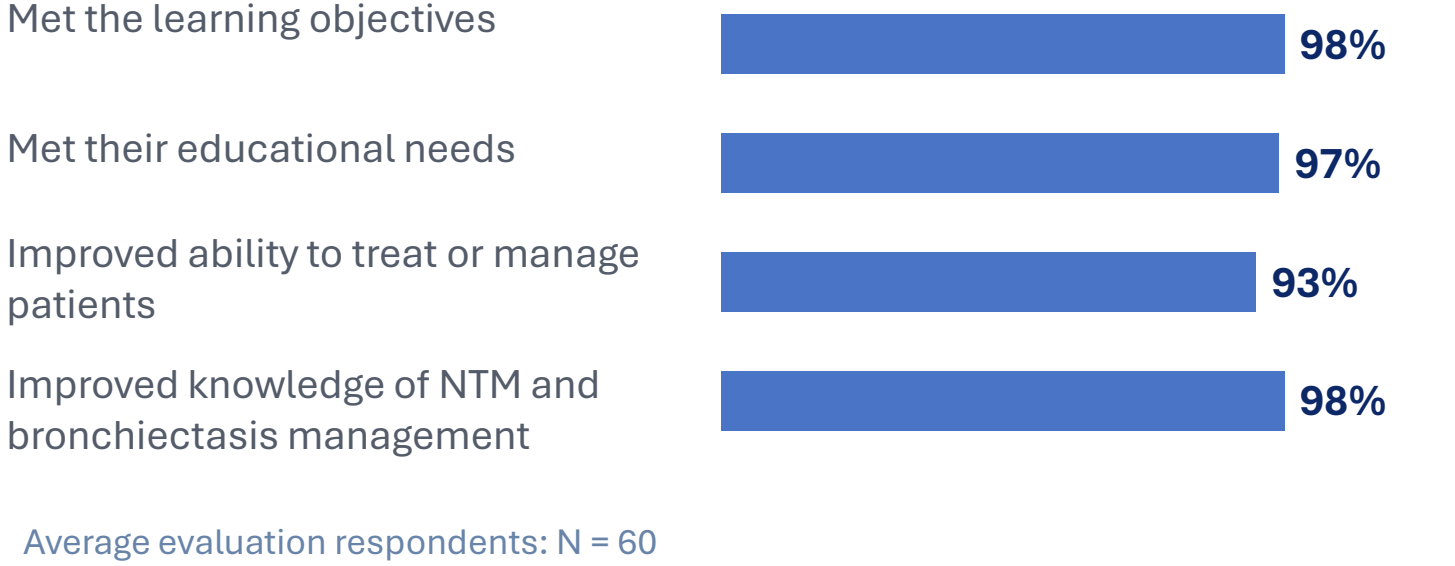
Level 2 Outcomes: Satisfaction

Final Live Outcomes Summary

Analysis of evaluation responses related to educational needs

Participants reported they “strongly agree/agree” that the activity:

Educational needs met



Average evaluation respondents: N = 60

98% Material presented in an objective manner and free of commercial bias

98% Content presented was evidence-based and clinically relevant

Evaluation respondents reported high levels of satisfaction related to the activity’s ability to impact practice.

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Level 3/4 Outcomes: Knowledge/Competence

Final Live Outcomes Summary

Average correct responses improved from pre-test to post-test

Pre- and Post-Test Performance

Average percentage of questions answered correctly



The 14-point increase reflects improved overall knowledge and competence.

RELATIVE GAIN

22%

Increase relative to the pre-test average

ABSOLUTE GAIN

+14

Percentage-point increase from 64% to 78%

Outcome interpretation

Pre/post assessment results demonstrated an overall gain in knowledge and competence following the activity.

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Level 3/4 Outcomes: Knowledge/Competence

Gains by Learning Objective

Final Live Outcomes Summary

PRE- AND POST-TEST PERFORMANCE BY LEARNING OBJECTIVE

		Pre-test (N=63)	Post-test (AVG N=59)
01	Recognize the incidence and distribution of NTM disease	38%	76%
02	Identify the clinical features and unique manifestations of NTM disease	62%	87%
03	Identify clinical features and underlying risk factors for development of bronchiectasis *(due to system glitch, pre-test data not collected)*	0%	69%
04	Differentiate the various type of NTM infections	46%	60%
05	Summarize the spectrum of bronchiectasis presentations and clinical evaluation	94%	93%
06	Describe the guidelines for the diagnosis and treatment of NTM disease and bronchiectasis	65%	72%
07	Apply the latest evidence to make decisions about pharmacologic and non-pharmacologic management of NTM disease and bronchiectasis	72%	83%

Level 3/4 Outcomes: Pre/Post-Test

Final Live Outcomes Summary

LEARNING OBJECTIVE *Recognize the incidence and distribution of NTM disease and bronchiectasis.*

Q1: Which state in the US has the highest rate of NTM infection?

CORRECT ANSWER

Hawaii

PRE-TEST • POST-TEST

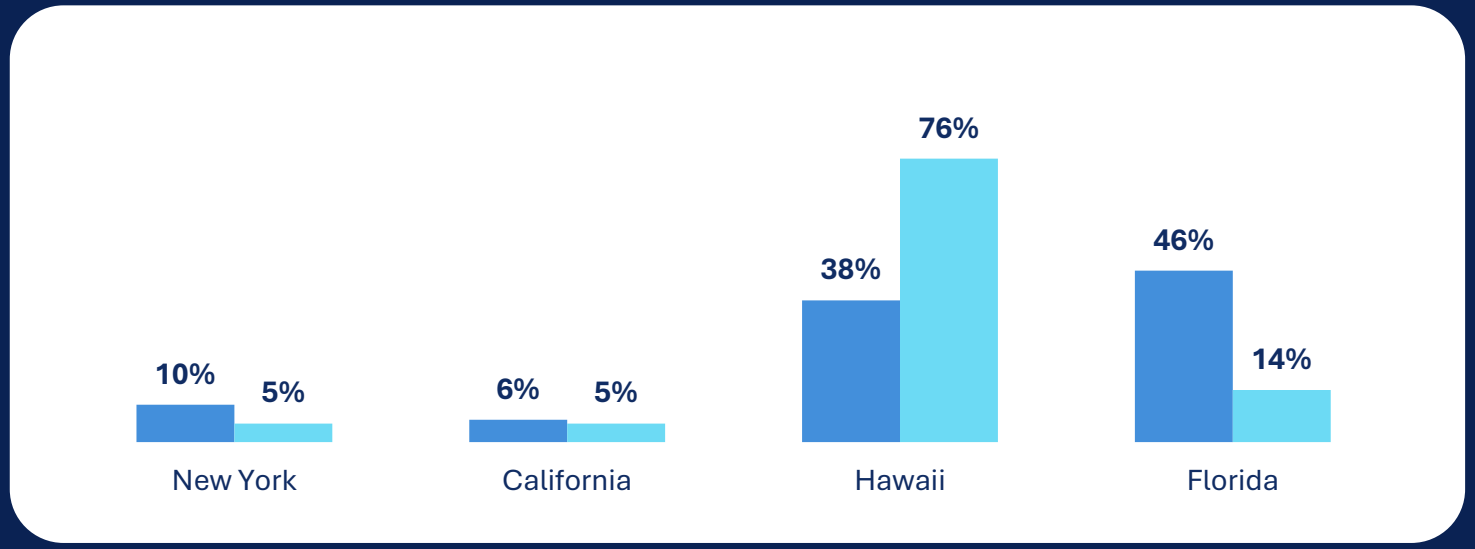
38% → 76%

ABSOLUTE INCREASE

+38 points

100% relative increase

PRE- AND POST-TEST RESPONSES



Level 3/4 Outcomes: Pre/Post-Test

Final Live Outcomes Summary

LEARNING OBJECTIVE *Identify the clinical features and unique manifestations of NTM disease.*

Q2: A patient with M. chimaera endocarditis most likely acquired infection from:

CORRECT ANSWER

Aerosolization during cardiac surgery

PRE-TEST • POST-TEST

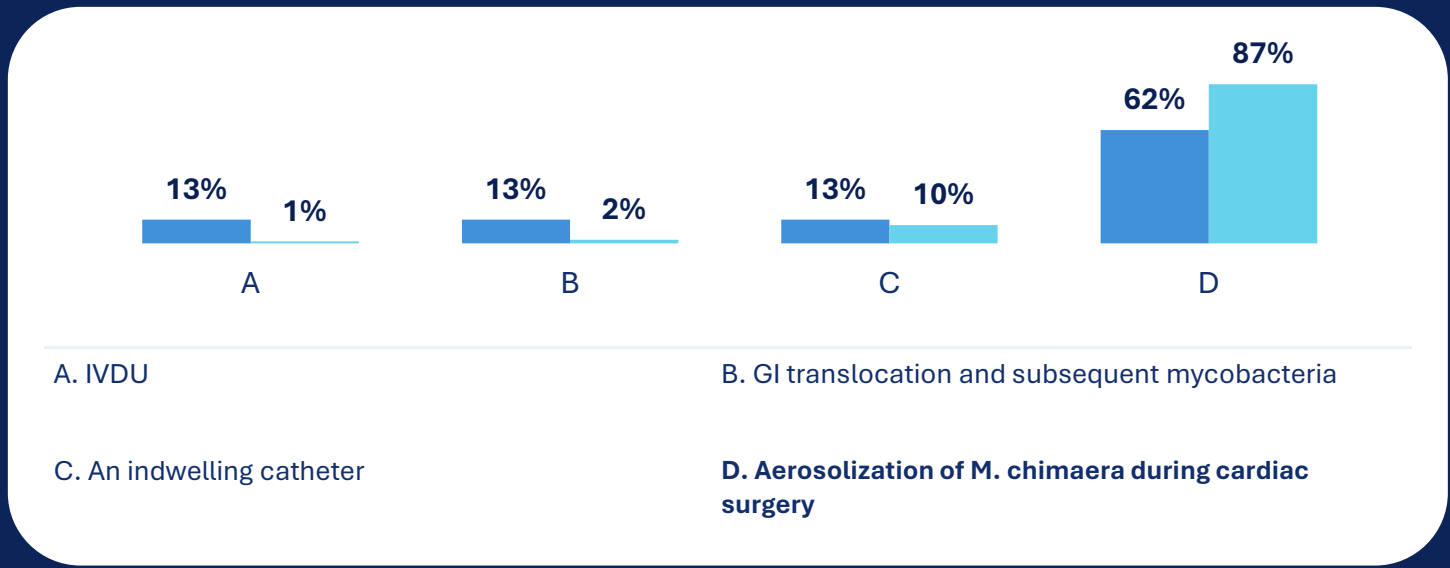
62% → 87%

ABSOLUTE INCREASE

+25 points

40% relative increase

PRE- AND POST-TEST RESPONSES



A. IVDU

B. GI translocation and subsequent mycobacteria

C. An indwelling catheter

D. Aerosolization of M. chimaera during cardiac surgery

Level 3/4 Outcomes: Pre/Post-Test

Final Live Outcomes Summary

LEARNING OBJECTIVE *Identify clinical features and underlying risk factors for development of bronchiectasis*

Q3: Which of the following typically leads to an upper lobe predominant bronchiectasis disorder?

CORRECT ANSWER

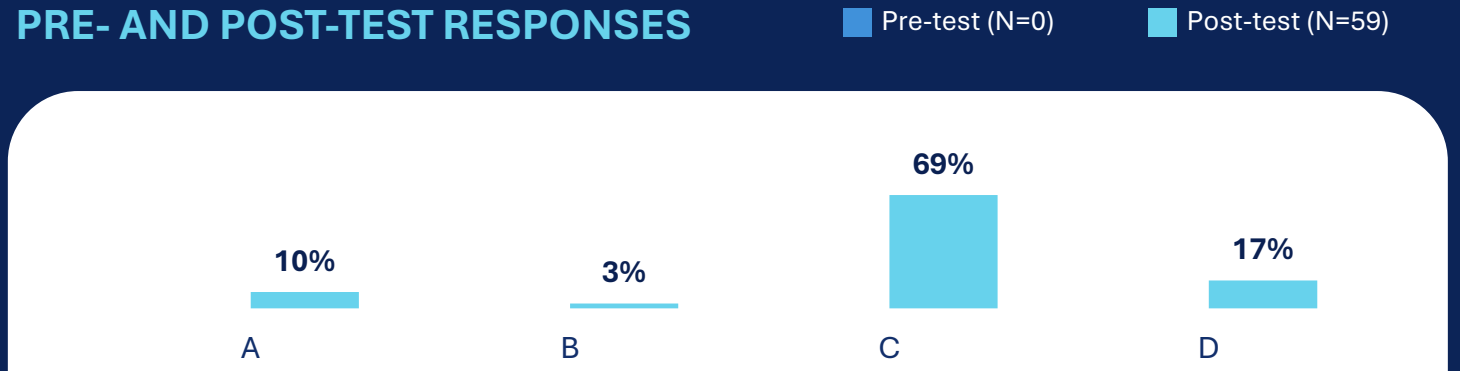
Cystic Fibrosis

PRE-TEST • POST-TEST

0% → 69%

Due to a system glitch, we were unable to capture the pretest data

PRE- AND POST-TEST RESPONSES



A. A patient with non-cavitary Mycobacterium abscessus pulmonary disease

B. A patient with treatment refractory Mycobacterium avium pulmonary disease

C. A patient with recurrent Mycobacterium intracellulare pulmonary disease

D. A patient with chronic Pseudomonas pulmonary disease

Level 3/4 Outcomes: Pre/Post-Test

Final Live Outcomes Summary

LEARNING OBJECTIVE *Differentiate between the various types of NTM infections*

Q4: In which subspecies of the M. abscessus complex is the erm41 gene usually functional?

CORRECT ANSWER

M. abscessus and M. bolletii

PRE-TEST • POST-TEST

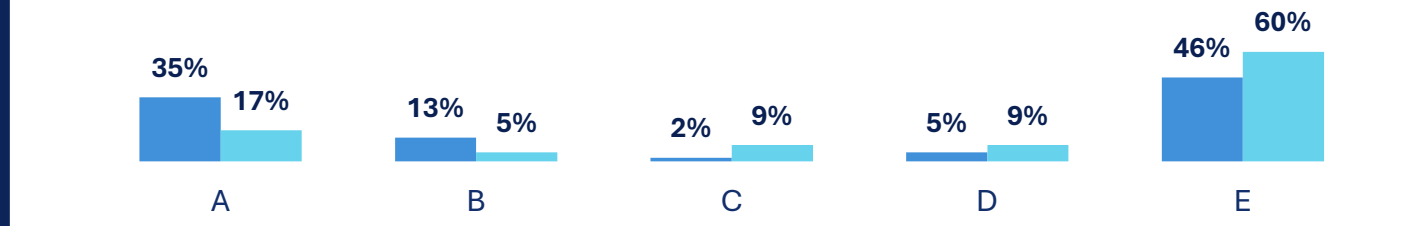
46% → 60%

ABSOLUTE INCREASE

+14 points

30% relative increase

PRE- AND POST-TEST RESPONSES



A. M. abscessus

B. M. massiliense

C. M. bolletii

D. M. bolletii and M. massiliense

E. M. abscessus and M. bolletii

Level 3/4 Outcomes: Pre/Post-Test

Final Live Outcomes Summary

LEARNING OBJECTIVE *Summarize the spectrum of bronchiectasis presentations and clinical evaluation*

Q5: A 35-year-old patient presents for the evaluation of a chronic productive cough and frequent sinopulmonary infections. She has been prescribed various antibiotics for her infections but as soon as she finishes the antibiotics, her symptoms return. High-resolution CT reveals upper-lobe predominant bronchiectasis. Which of the following tests should be performed to determine the etiology of her bronchiectasis?

CORRECT ANSWER

Etiologic testing panel

PRE-TEST • POST-TEST

94% → 93%

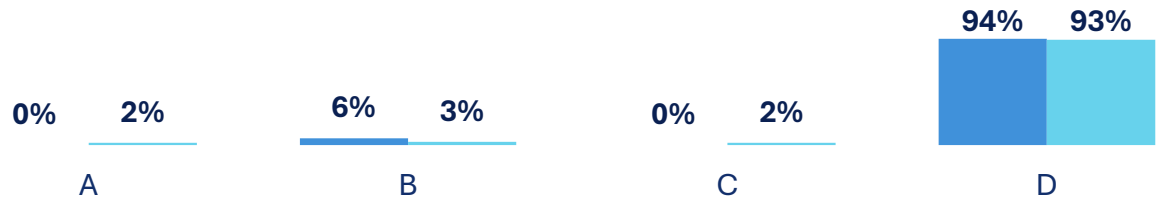
ABSOLUTE CHANGE

-1 points

-1% relative change

small variance in post-test could be due to number of respondents who completed post vs. pre

PRE- AND POST-TEST RESPONSES



A. No testing is indicated as the majority of bronchiectasis cases are idiopathic

B. CBC with differential, testing for ABPA, alpha-1 antitrypsin, and rheumatoid factor

C. CBC with differential, immunoglobulin levels, and bronchoprovocation testing

D. CBC with differential, immunoglobulin levels, testing for ABPA, sweat chloride, and sputum culture for bacteria and AFB

small variance in post-test could be due to number of respondents who completed post vs. pre

Level 3/4 Outcomes: Pre/Post-Test

Final Live Outcomes Summary

LEARNING OBJECTIVE *Describe current guidelines for the diagnosis and management of NTM disease and bronchiectasis.*

Q6: All of the following are indications for pulmonary resection in a patient with pulmonary NTM infection EXCEPT:

CORRECT ANSWER

Any antibiotic side effect

PRE-TEST • POST-TEST

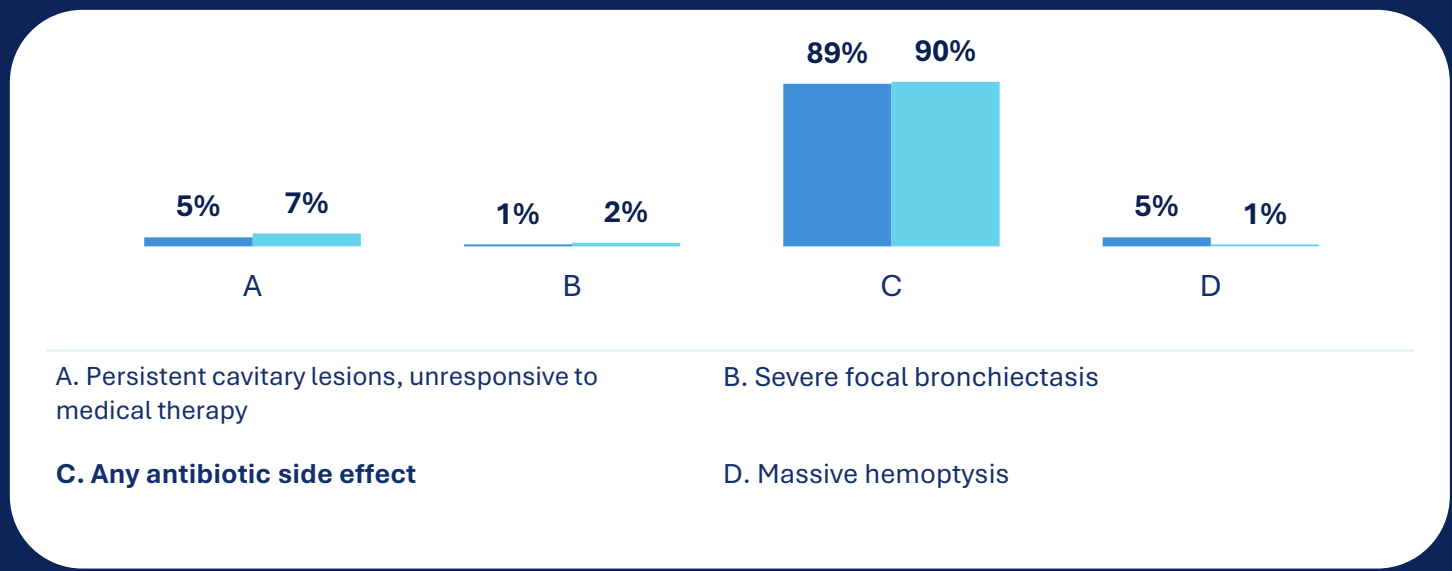
89% → 90%

ABSOLUTE INCREASE

+1 points

1% relative increase

PRE- AND POST-TEST RESPONSES



A. Persistent cavitary lesions, unresponsive to medical therapy

B. Severe focal bronchiectasis

C. Any antibiotic side effect

D. Massive hemoptysis

Level 3/4 Outcomes: Pre/Post-Test

Final Live Outcomes Summary

LEARNING OBJECTIVE *Describe current guidelines for the diagnosis and management of NTM disease and bronchiectasis*

Q7: What do the CFF/ECFS consensus guidelines recommend for first-line treatment for macrolide-susceptible, non-cavitary MAC in patients with cystic fibrosis?

CORRECT ANSWER

Daily azithromycin regimen

PRE-TEST • POST-TEST

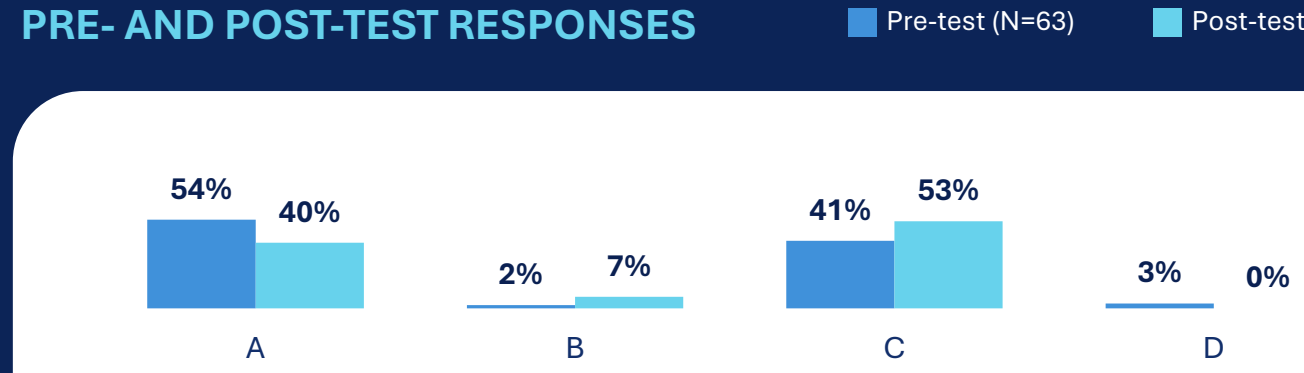
41% → 53%

ABSOLUTE INCREASE

+12 points

29% relative increase

PRE- AND POST-TEST RESPONSES



A. Thrice weekly oral azithromycin, ethambutol, rifampin

B. Daily oral clarithromycin, ethambutol, rifampin

C. Daily oral azithromycin, ethambutol, rifampin

D. Daily inhaled amikacin and oral azithromycin

Level 3/4 Outcomes: Pre/Post-Test

Final Live Outcomes Summary

LEARNING OBJECTIVE *Apply the latest evidence to inform pharmacologic and non-pharmacologic management strategies for NTM disease and bronchiectasis*

Q8: A 70-year-old man grows Mycobacterium kansasii from three out of three sputum specimens. Chest CT scan shows evidence of fibrocavitary changes in the left upper lobe and areas of emphysema. The patient complains of shortness of breath and some weight loss but minimal cough. Which of the following is the most appropriate next step?

CORRECT ANSWER

Azithromycin, rifampin, ethambutol

PRE-TEST • POST-TEST

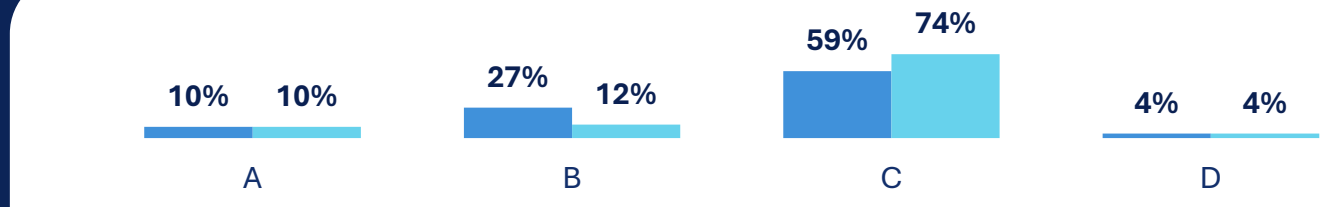
59% → 74%

ABSOLUTE INCREASE

+15 points

25% relative increase

PRE- AND POST-TEST RESPONSES



A. Start therapy with isoniazid, rifampin and pyrazinamide

B. Start therapy with isoniazid, rifampin, ciprofloxacin and intravenous amikacin

C. Start therapy with azithromycin, rifampin, ethambutol

D. Do not start therapy but refer for surgical resection

Level 3/4 Outcomes: Pre/Post-Test

Final Live Outcomes Summary

LEARNING OBJECTIVE *Apply the latest evidence to inform pharmacologic and non-pharmacologic management strategies for NTM disease and bronchiectasis*

Q9: Amikacin liposome inhalation suspension is approved by the Federal Drug Administration (FDA) for treatment of which of the following patients?

CORRECT ANSWER

Treatment-refractory M. avium

PRE-TEST • POST-TEST

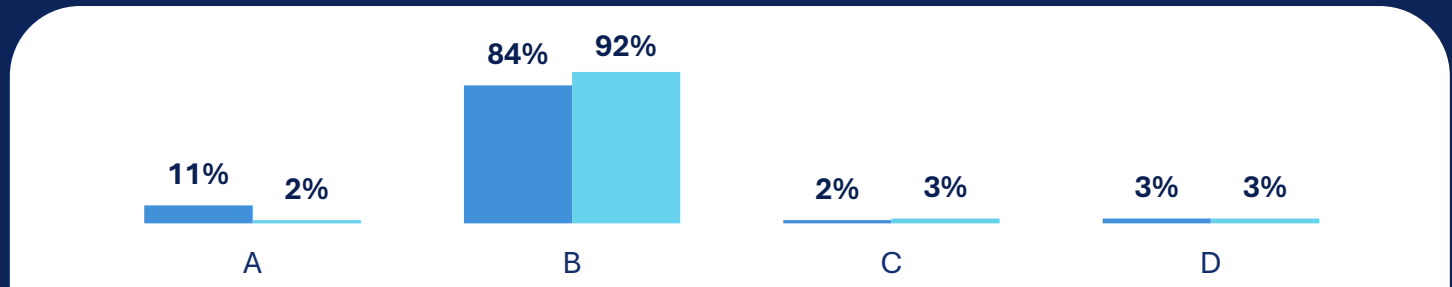
84% → 92%

ABSOLUTE INCREASE

+8 points

10% relative increase

PRE- AND POST-TEST RESPONSES



A. A patient with non-cavitary Mycobacterium abscessus pulmonary disease

B. A patient with treatment refractory Mycobacterium avium pulmonary disease

C. A patient with recurrent Mycobacterium intracellulare pulmonary disease

D. A patient with chronic Pseudomonas pulmonary disease

Level 4 Competence

Final Live Outcomes Summary

PRACTICE CHANGES REPORTED BY PARTICIPANTS

Themes below are based on 34 qualitative responses

96% **reported intent to change their practice** N = 54

Greater confidence in guideline-based management

More efficient parsing of guidelines, and more comfort in managing resistant NTM.

More confidence deciding on treatment options and managing refractory disease.

Improved assessment & ongoing monitoring

Will consider more bronchiectasis testing/workup, use of lower risk biologic agents

Order sets to monitor audiology, vision, and labs and patients on treatment

Nutrition & allied-health collaboration

More aggressively pursue dietitian's services for my patients

Allied health integration - ensure patients are following with respiratory physiotherapists for effective airway clearance techniques and dietitians to address weight loss/nutritional support

Referrals & difficult-case treatment

Potentially more surgical referrals. Implement a more collaborative approach for NTM patients.

I feel more confident interpreting sensitivity reports; I also appreciate dosing recommendations provided and different drug regimens to try for more difficult cases

Key Takeaways

Final Live Outcomes Summary

KEY TAKEAWAYS FROM PARTICIPANTS

Themes below are based on 28 qualitative responses

Individualized, guideline-informed care

Treatment needs patient-specific plans; guidelines are a starting point for complex decisions.

"Individualize treatment"

Multidisciplinary coordination

NTM care calls for specialist coordination, referral and evaluation of underlying contributors.

"NTM should have multidisciplinary management strategies"

Airway clearance & supportive care

Airway clearance, nutrition and non-antibiotic approaches complement antimicrobial care.

"Non-antibiotic treatment approaches are a key component of management"

Early diagnosis & ongoing surveillance

Earlier testing and sputum cultures matter, along with follow-up when treatment is deferred.

"Early diagnosis, treatment, and surveillance provides better overall outcomes for patients."

Research gap *"The need for more clinical trials and insight into NTM biology."*

Barriers to Practice Change

Final Live Outcomes Summary

What is the greatest barrier to achieving optimal management of NTM and bronchiectasis in your clinical practice?

Themes below are based on 43 qualitative responses

Multidisciplinary & expert support

Care coordination and access to experienced NTM, pulmonary and ID teams remain challenging.

"Absence of colleagues with sufficient expertise in NTMs to discuss challenging cases."

Medication access & insurance

Antibiotic costs, insurance approvals and limited access to treatment are concerns.

"Access to clofazamine, insurance coverage of abx"

Staffing, time & local resources

Time pressure, staffing shortages and limited rural or institutional services constrain care.

"Not having an active RT in our practice. We have been 3 months without one."

Adherence & treatment complexity

Coexisting conditions, drug interactions and airway-clearance adherence complicate care.

"Getting them to do airway clearance"

98% Evaluation respondents reported the activity addressed strategies for overcoming barriers to optimal patient care

N = 54

Evaluation Survey Results

Final Live Outcomes Summary

MOST USEFUL TOOLS, STRATEGIES & RESOURCES

Key themes identified in qualitative participant feedback

Evidence & clinical references

Referenced slides and study reviews, including the ASPEN trial, helped inform clinical decisions.

"The slides with references allows me to know and refer to the highest quality evidence when treating patients"

Case-based learning & discussion

Case presentations, photos, and Q&A helped connect the content with clinical practice.

"Case discussions and Q&A"

Practical clinical management tools

Airway-clearance tools, bronchial hygiene guidance and severity scales were useful.

"Bronchial hygiene tools, detailed description and use."

Patient & provider support resources

Digital resources, patient education, support groups and NJH consultation were valued.

"Digital tools - (apps, video libraries) are useful for patients and providers"

Nutrition education

"The dietician was very good and provided wonderful information."

FUTURE EDUCATION TOPICS OF INTEREST

Participant suggestions for future educational activities

New therapies & dosing

New treatments, dosing, medication management and ethambutol side effects

MIC & susceptibility interpretation

MICs for less common medications and interpretation of sensitivity reports

Refractory & complex NTM cases

Refractory disease, M. abscessus, mixed-species infections and difficult cases

Special populations & complications

Non-pulmonary and disseminated NTM, immunocompromise and aspergillosis

Airway clearance & care delivery

Airway clearance; primary care and nursing support; questions about COVID and bronchiectasis incidence

Level 5 Outcomes: Performance

Final Live Outcomes Summary

100%

of follow-up survey respondents stated that they have already made changes in practice based on what they learned in the activity. [N=2]

100%

of follow-up survey respondents stated that their patients have benefited from information they learned in the activity. [N=2]

Examples of changes made in practice include:

- We will be doing Linezolid TDM to mirror the CID paper in our RGM population. It is still not our first line agent but helpful to have more tools to allow for tolerability.
- Changes were made to the disinfection recommendations. Coordination to start patients on inhaled Amikacin with initial in-clinic trial has been a success.

100% N=2

Follow-up survey respondents reported the activity helped them address barriers they have recently encountered in practice

National Jewish Health

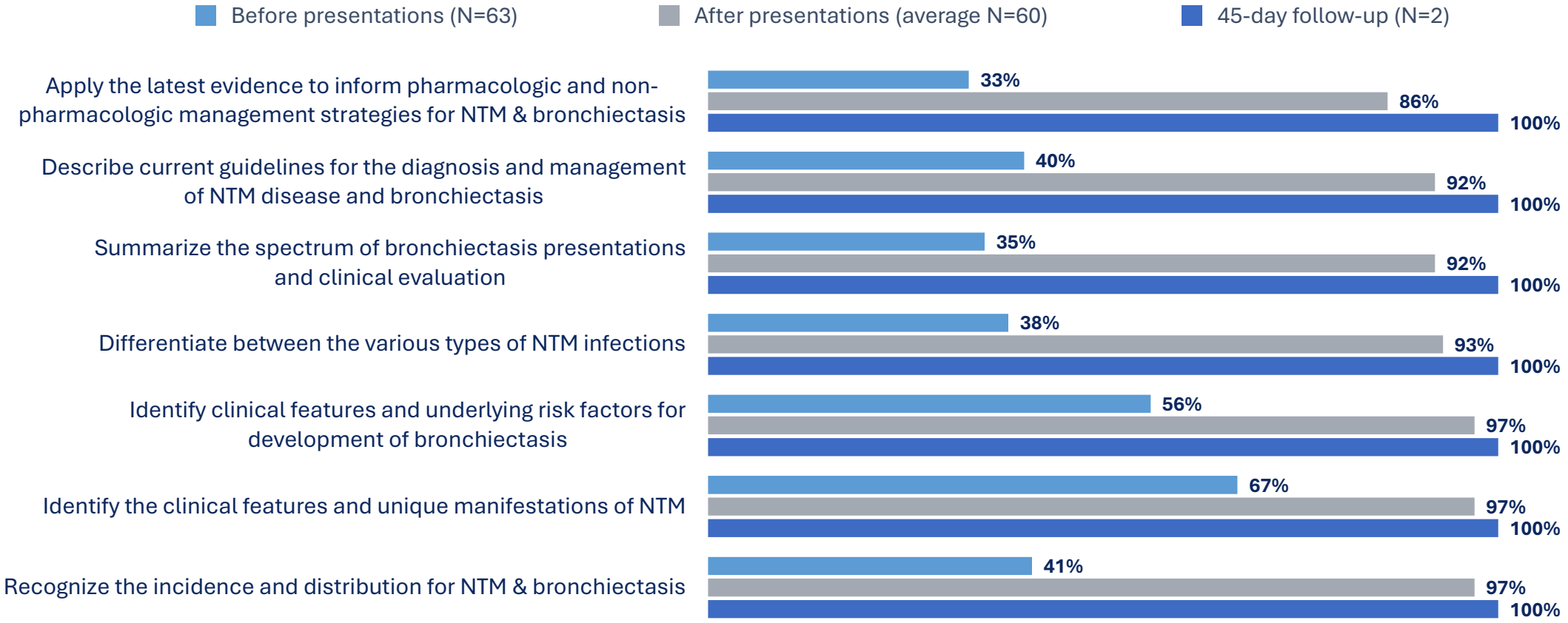
Level 5 Outcomes: Performance

Final Live Outcomes Summary

45-day confidence remained high or continued to increase (N=2)

Self-reported confidence by learning objective

Percentage reporting somewhat confident or very confident



Accreditation

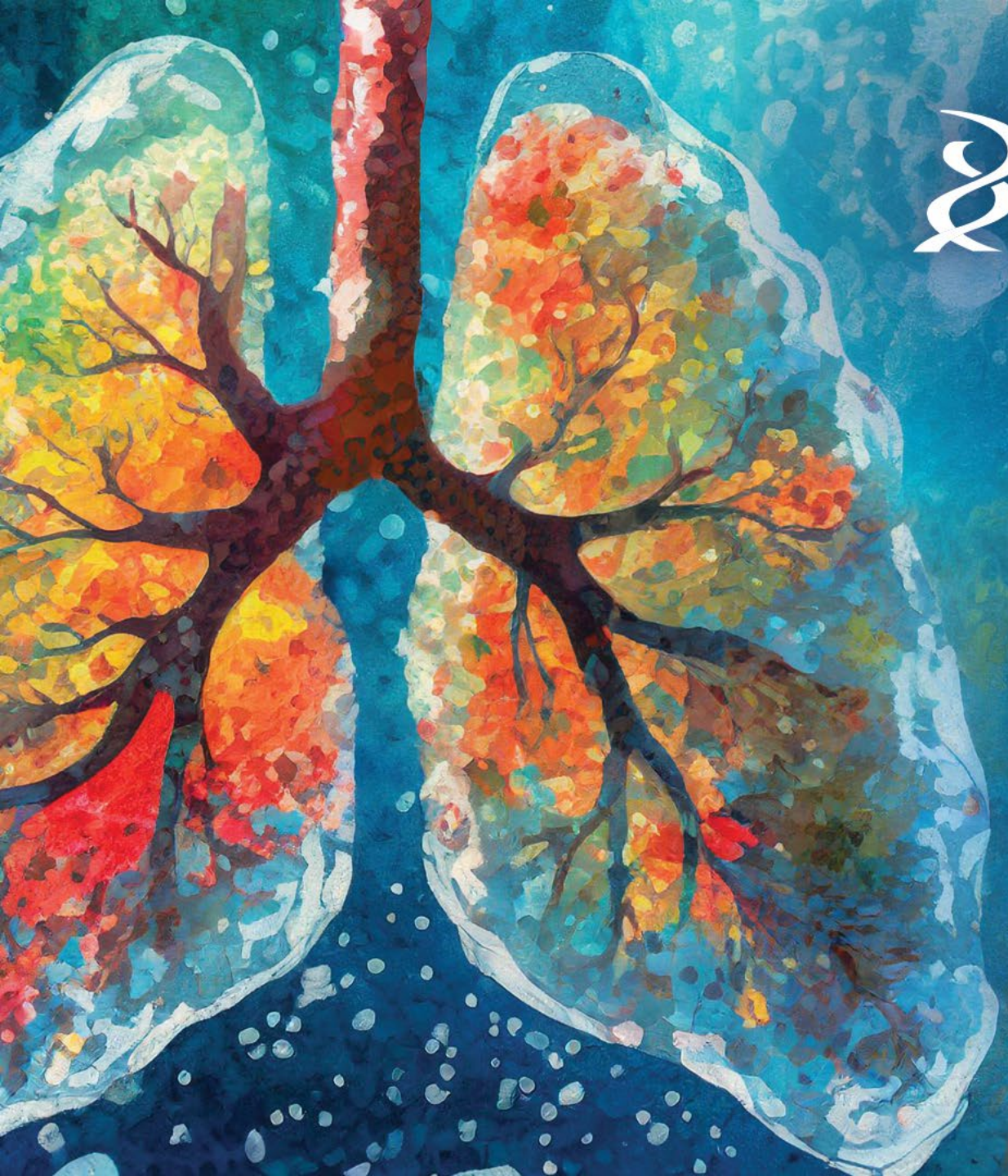
Final Live Outcomes Summary

National Jewish Health is accredited with Commendation by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. The NJH Office of Professional Education produced and accredited this program and adhered to the updated ACCME guidelines.

NJH designates this live activity for a maximum of 18. 5 *AMA PRA Category 1 Credits*™.

Provider approved by the California Board of Registered Nursing, Provider Number 12724, for 18.5 contact hours.





National Jewish Health®

NTM & Bronchiectasis

Patient and Family Course

SEPTEMBER 19, 2026

Patient Course Evaluation

Final Live Outcomes Summary

Live: 82 • Virtual: 390

472
attendees

99%
topics mattered
(N=85)

Daily-Life Changes Participants Intend to Make

Airway clearance & routines

"More airway clearance, even when asymptomatic."
"More focus on daily airway clearance."

Equipment care & exposure

"Higher standard for cleaning and sterilizing equipment"
"More consistency of wearing a mask when repotting orchids or bonsai."

Nutrition & exercise

"Monitoring protein intake and committing to daily exercise."
"Strengthening nutrition to enable weight gain and weight maintenance."

Energy & pacing

"Pacing self better"

"Taking time to rest before large activity."

Care-team communication

"I know how to focus my questions to my care team."
"Quicker reaction and communication with changes in symptoms..."

Confidence & self-care

"To remain optimistic and to know that I am doing my best."
"Trying to be okay with changes I have had to make."

Selected quotations reproduced verbatim | Themes are qualitative, not ranked

National Jewish Health

Patient Course Evaluation

Final Live Outcomes Summary

Barriers to Following Treatment Plans

Treatment time & routines

“Having enough time to do airway clearance twice per day”

“The length of time it takes for the whole nebulization ptocess.”

Medication tolerability

“SE from ethambutol”

“I follow but the gastric issues are very debilitating on some days.”

Care planning & access

“There is no treatment plan from my provider except to do Airway Clearance.”

“Not enough pulmonary docs in Pensacola.”

Sputum collection & testing

“Difficulty with coughing since can never get anything up.”

“I have a very difficult time getting sputum that can be used for lab use”

Work, travel & schedules

“I still work and if I work late, it's hard to get all my treatments in and eat a good meal.”

“I love to travel both domestic and international which can be a challenge”

Fatigue & adjustment

“Acceptance has been a process even while I follow treatment plan”

“Fatigue, lifestyle, just the time it takes out of every day”

National Jewish Health

Patient Course Evaluation

Final Live Outcomes Summary

What Helps Patients Follow Treatment Plans

Provider communication

“Communication, providing complete explanations, providing clear information and clear direction”

“Relationship with pulmonologist.”

Family & caregiver support

“My spouse understanding the disease and importance of following treatment plan.”

“I have a supportive family”

Peer support & connection

“The friends I have made in my support group”

“conversations with other patients”

Consistent daily routines

“Strong daily routine.”

“Making airway clearance part of daily schedule, focusing on dietary needs”

Education & care-plan clarity

“I go back and look at my notes I've taken during my visits.”

“Reinforcement of guidelines during MD visits”

Resilience & self-advocacy

“Me being my own advocate”

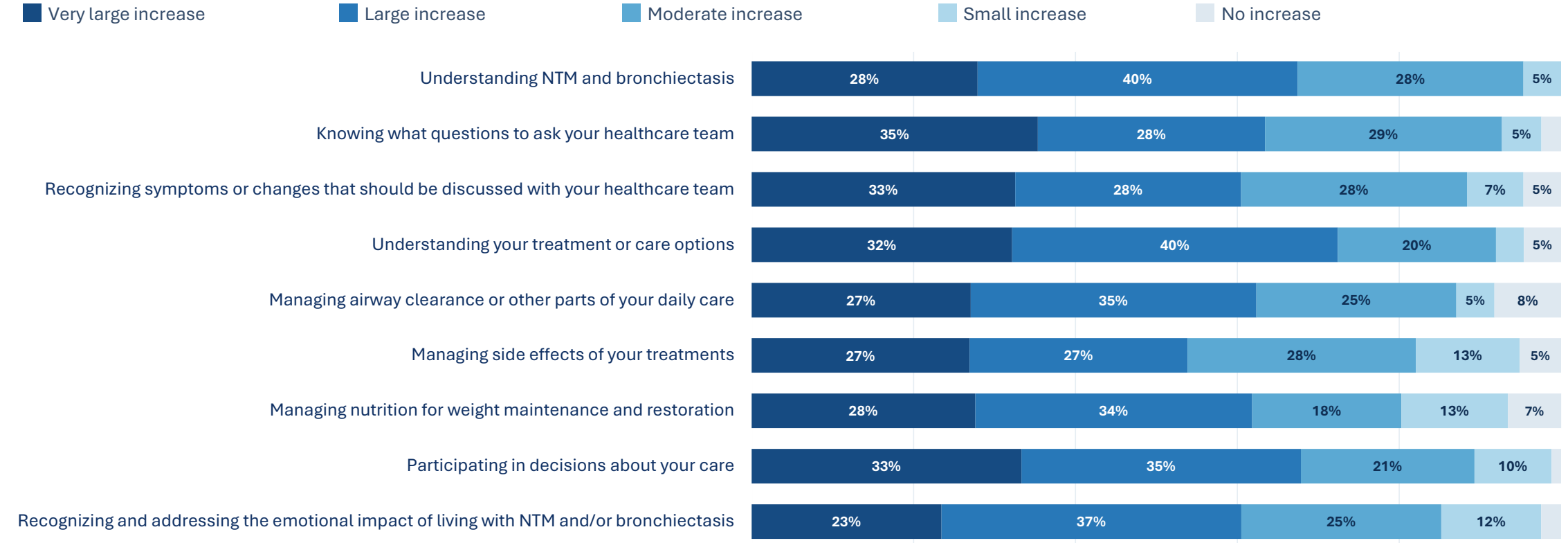
“Just my nature in not giving up!”

National Jewish Health

Patient Course Evaluation

Self-reported increase in confidence

Distribution of patient-reported confidence change at post-program



N=87