Understanding the need to improve respiratory care with evidence based recommendations


BACKGROUND

Respiratory diseases pose significant public health challenges in the developed world. Recent policies and guidelines have suggested that more needs to be done in primary care to support asthma and COPD patients. It is important to explore current requirements to facilitate the development of respiratory care support models and improvement tools for general practices.

OBJECTIVES

The aim of this analysis is to identify common issues in primary respiratory care which need to be targeted for improvement.

METHODS

Data from August to March 2015 was obtained via the Optimum Patient Care (OPC) Service Database (OPCSD) allows unique linkage of patient reported outcomes via anonymised patient questionnaires. Patients with current asthma or COPD were defined as age 40+ with a COPD or asthma diagnosis code.

STUDY POPULATION

- The study population (404 general practices) was derived from OPCSD – a patient-focused and anonymous longitudinal database. OPCSD allows unique linkage of patient reported outcomes via anonymised patient questionnaires.
- Patients with current asthma QoF diagnosis code, at least 2 years of continuous medical records, at least 1 asthma prescription in the preceding 24 months.
- Patients with COPD were defined as age 40+ with a COPD QoF diagnosis code.

OUTCOME DEFINITIONS

Individual criteria for each recommendation were then applied, as detailed below:

Asthma Recommendations
- Potentially resolved asthma (asthma diagnosis & no asthma medication in last 24 months)
- Provide weight loss advice/support (records show BMI > 25 & uncontrolled asthma)
- Review adherence/concordance (concurrence with prescribed regime is < 50%)
- Smoking cessation advice/support (current smoker or has requested help via questionnaires)
- Consider step down in asthma medication (controlled on current medication with no exacerbations in last 12 months)
- Stop smoking (achieved and recorded via questionnaires)
- Current or ex-smoker with a significant pack year history and lung function < 0.7

COPD Recommendations
- Smoking cessation advice/support (current smoker or has requested help via questionnaires)
- Provide weight loss advice/support (records show BMI > 25)
- Review COPD diagnosis (FEV1/FVC > 0.7 a spirometry not recorded)
- Review adherence/concordance (concurrence with prescribed regime is < 50%)
- Oxygen assessment & referral (pulse oximetry indicated where MRC > 2 or FEV1 < 50% severe airflow obstruction)
- Consider step down in COPD medication (controlled on current medication with no exacerbations in last 12 months)
- Rule out COPD (current/ex-smoker with significant pack year history and FEV1/FVC < 0.7)
- High referrer use (>12 SABA prescriptions in last 12 months)

RESULTS

Recommendations: Asthma Patients

- Provide weight loss advice/support (records show BMI > 25 & uncontrolled asthma)
- Review adherence/concordance (concurrence with prescribed regime is < 50%)
- Smoking cessation advice/support (current smoker or has requested help via questionnaires)
- Consider step down in asthma medication (controlled on current medication with no exacerbations in last 12 months)
- Current or ex-smoker with a significant pack year history and lung function < 0.7

Recommendations: COPD Patients

- Smoking cessation advice/support (current smoker or has requested help via questionnaires)
- Provide weight loss advice/support (records show BMI > 25)
- Review adherence/concordance (concurrence with prescribed regime is < 50%)
- Oxygen assessment & referral (pulse oximetry indicated where MRC > 2 or FEV1 < 50% severe airflow obstruction)
- Consider step down in COPD medication (controlled on current medication with no exacerbations in last 12 months)
- Current or ex-smoker with a significant pack year history and lung function < 0.7

REFERENCES

- Chang C. Unreal needs in respiratory diseases: “You can't know where you are going until you know where you have been” – Anonymous, Clin Rev Allergy Immunol. 2013 Dec; 45(3):303-13
- Gruffydd-Jones K, Small I, Fletcher M, Bryant T. The Primary Care Respiratory Society UK. Quality Award: development and piloting of quality standards for primary care respiratory medicine. Prim Care Respi J 2013

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COPD Recommendations
- Smoking cessation advice/support (current smoker or has requested help via questionnaires)
- Provide weight loss advice/support (records show BMI > 25)
- Review COPD diagnosis (FEV1/FVC > 0.7 a spirometry not recorded)
- Review adherence/concordance (concurrence with prescribed regime is < 50%)
- Oxygen assessment & referral (pulse oximetry indicated where MRC > 2 or FEV1 < 50% refer for specialist oxygen assessment where O2 Sat > 93% on 2 occasions in stable state)
- Refer to specialist (DOSE score > 3 suggests potential benefit from referral)
- Consider depression/anxiety screening (reported severe impact of disease)
- Discontinue/Reduce ICS (FEV1 > 50%, no asthma diagnosis & no exacerbations last 12 months)

CONCLUSIONS

- There is a clear need for improvement in primary respiratory care
- If addressed, this could lead to improved patient care, cost-effective practice, and efficient use of clinical time
- The study highlights those issues which occur most commonly in primary care
- The study also highlights the need for improvement tools released by bodies such as PCRS-UK, to support general practitioners in implementing evidence based care