

Overcoming Gaps in COPD care through partnership: Experiences from CDMCII

By Jan Haffner and Erin Walling





Objectives

- ✓ Describe the burden of illness for people living with COPD and on the healthcare system
- ✓ Explain at least one evidence based way to reduce COPD exacerbations
- ✓ Explain the aim and key measures of the collaborative
- ✓ Describe the Collaborative data trends
- ✓ Describe at least one partnership that have been formed to improve COPD outcomes
- ✓ List one resource or partnership you could help create or support to improve COPD care in your region



“Lung attacks are to COPD what heart attacks are to coronary artery disease

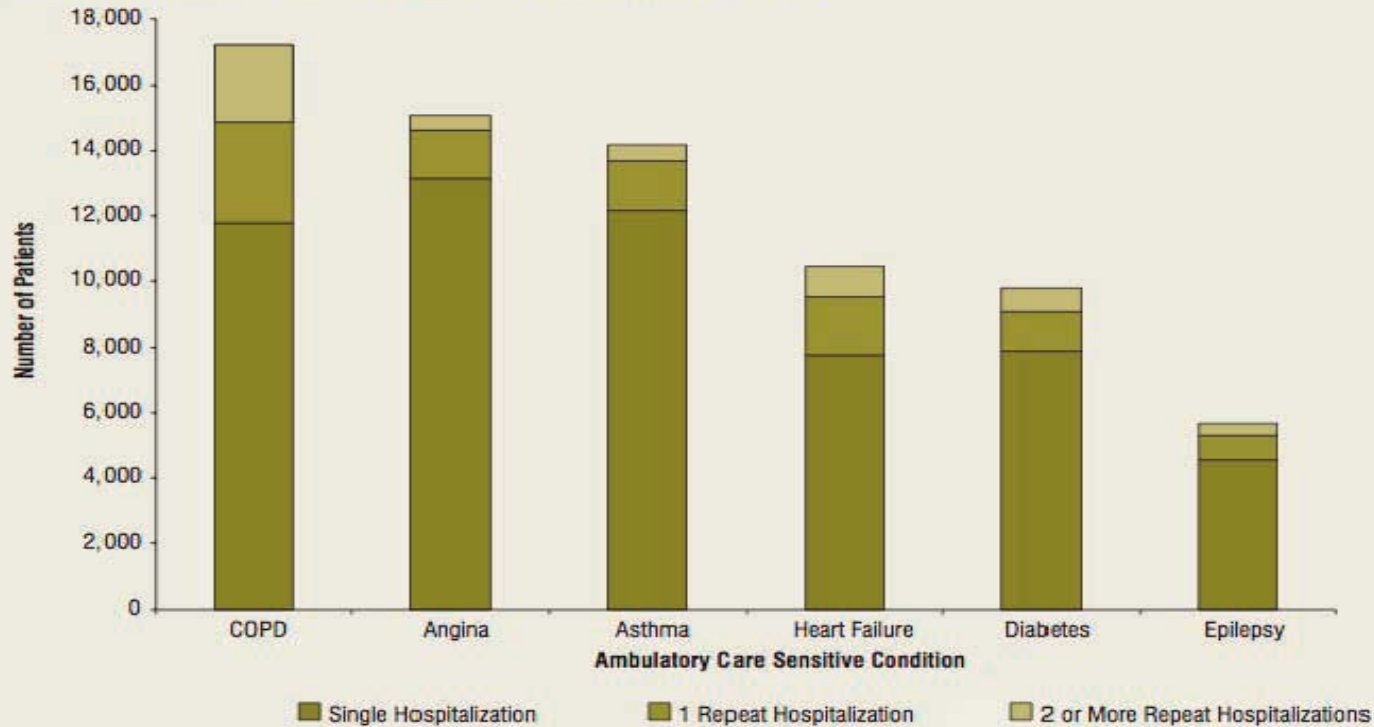
—when they result in hospitalization they have similar mortality.”

Canadian Thoracic Society. The Human and Economic Burden of COPD:

A Leading Cause of Hospital Admission in Canada. 2010

Cost of illness

The graph below shows the number of patients, outside Quebec, with a single hospitalization, one repeat hospitalization and two or more repeat hospitalizations by ACSC at first admission.



Notes: Data from Quebec were not available for 2006–2007 at the time of publication. Hypertension is not shown due to the small number of patients initially admitted for this condition.

Source: Discharge Abstract Database, Canadian Institute for Health Information.

**COPD exacerbations are
preventable!**



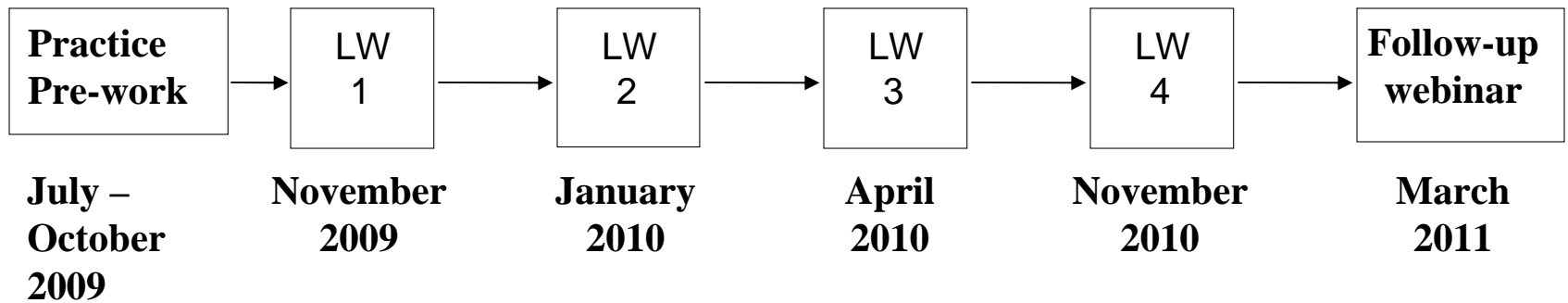
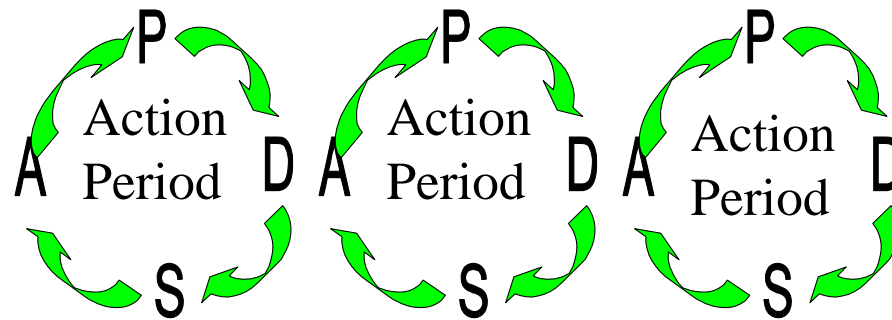
So what does this mean???

We could be doing more to improve people's quality of life, length of life and reduce the financial burden on the system



How do we do this?

Collaborative Structure



Note: Learning Workshop (LW)
Plan-Do-Study-Act (PDSA)

COPD aim statement

“By April 2011, patients living with Chronic Obstructive Pulmonary Disease (COPD), within participating practices, will experience a decrease in exacerbations as evidenced by:

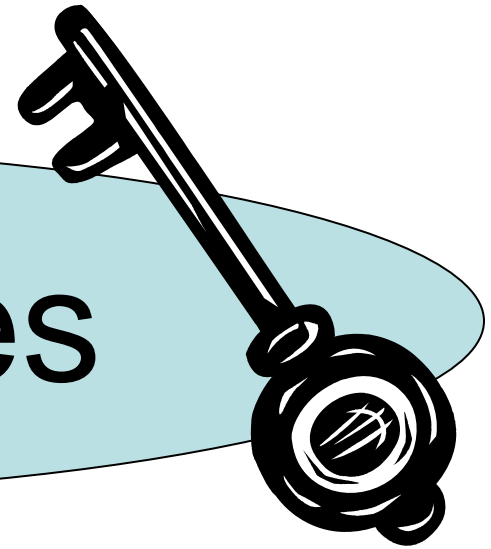
- 40% decrease in COPD related hospitalizations**
- 40% decrease in COPD related emergency room visits**



****Evidence-based***

****Improve COPD outcomes
and QOL***

Key Measures



****Directly impact exacerbations***

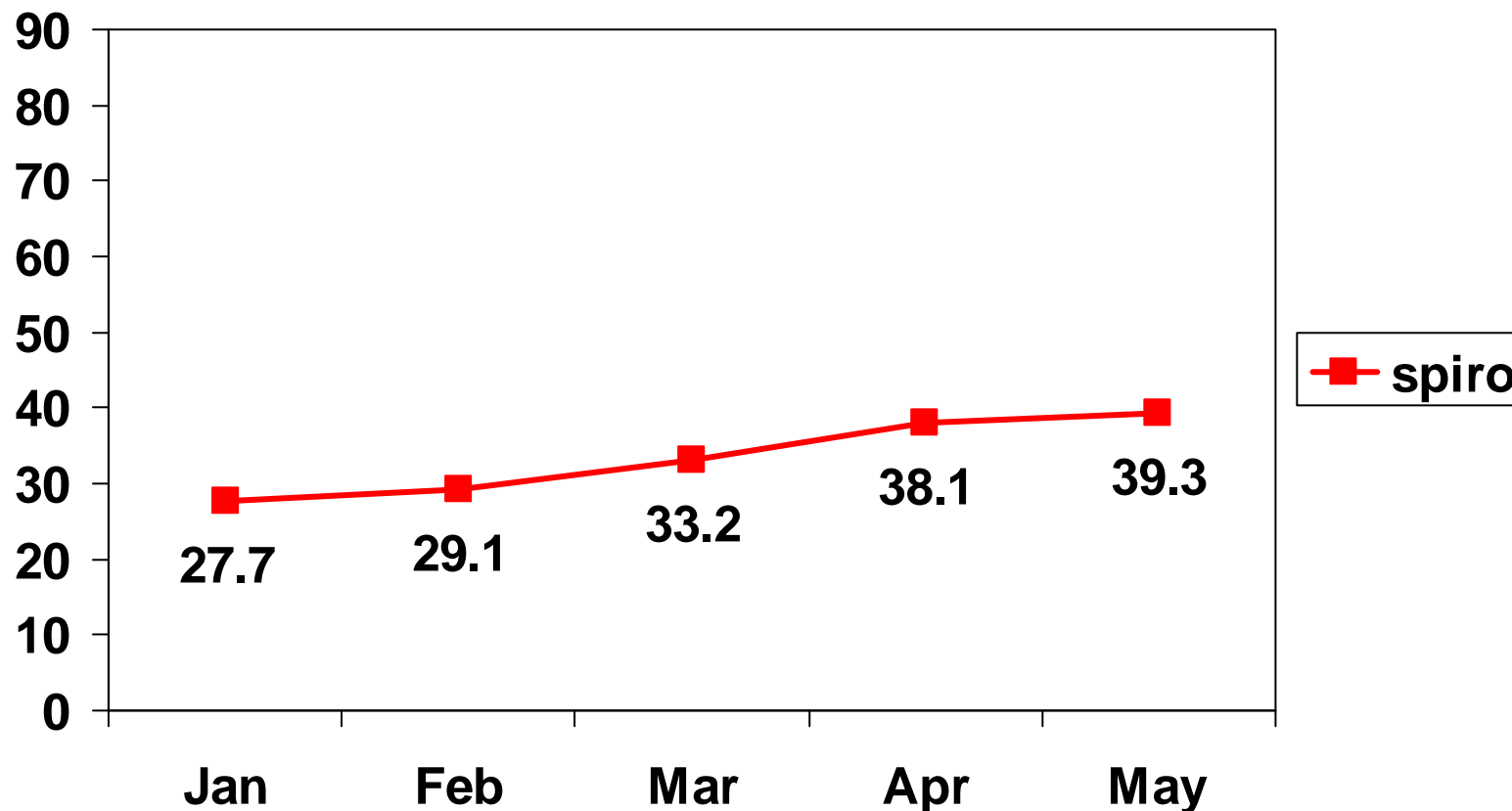
****Realistic for clinicians
to improve***



After 7 months.....



Percentage of patients with COPD confirmed by spirometry post-bronchodilator FEV1/FVC <0.7



What's been done

THE  LUNG ASSOCIATION™
Saskatchewan

If you are:

- 40 years of age or older; and
- smoke or used to smoke

You may be at risk for developing **COPD**
(Chronic Obstructive Pulmonary Disease)

TAKE THE CANADIAN LUNG HEALTH TEST

THE  LUNG ASSOCIATION™
Saskatchewan

If you are 40 years of age or older and smoke or used to smoke you may be at risk for developing COPD.
Take the CANADIAN LUNG HEALTH TEST:

	No	Yes
Do you cough regularly?		
Do you cough up phlegm regularly?		
Do even simple chores make you short of breath?		
Do you wheeze when you exert yourself, or at night?		
Do you get frequent colds that last longer than others?		

If you answered "YES" to one or more of these questions, you may have COPD.
Ask your doctor about spirometry, a test for lung disease.

Call the BreathWorks COPD Helpline toll-free 1-866-717-2673 to speak to a Certified Respiratory Educator for education and support or visit www.lung.ca/breathworks

If you have COPD call the **BreathWorks COPD Helpline** to speak to a **CERTIFIED RESPIRATORY EDUCATOR** for education and support.

Call Toll-free **1-866-717-2673 (COPD)**
www.lung.ca/breathworks



Identify target group for spirometry

THE  LUNG ASSOCIATION™
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What's been done

Spirometry:

1. How to conduct a test?



2. How to interpret a test?

(Spirometry interpretation workshop)

3. \$1000 reimbursement



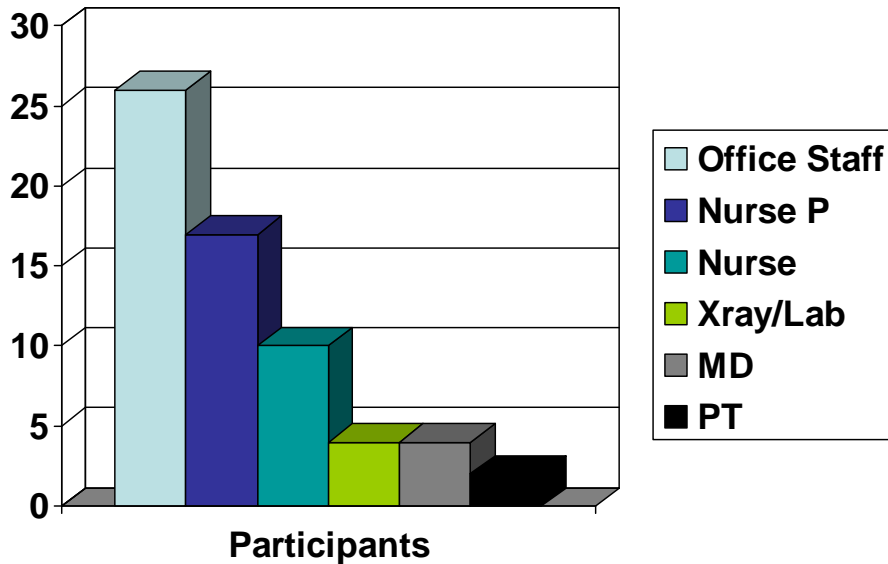
What's been done

Spirometry

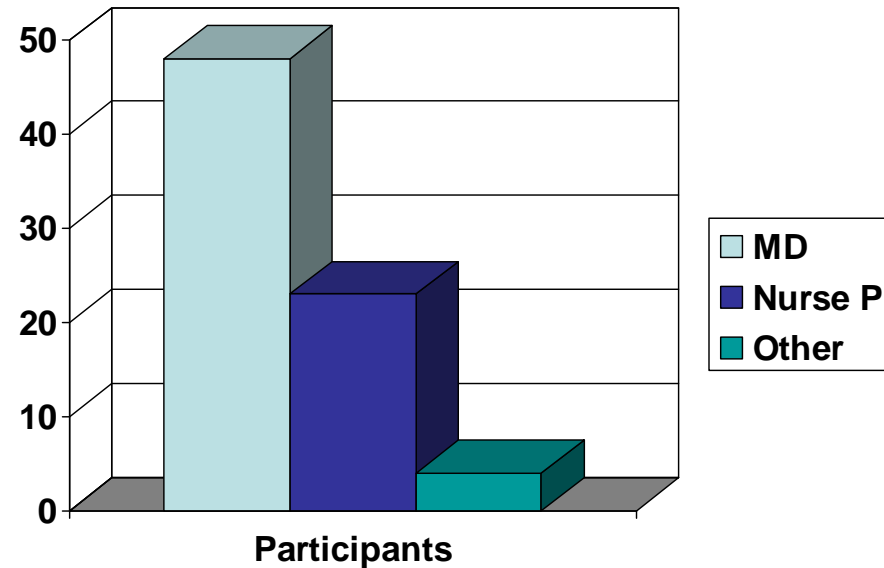


What's been done

SPIROTrec



Spirometry Interpretation

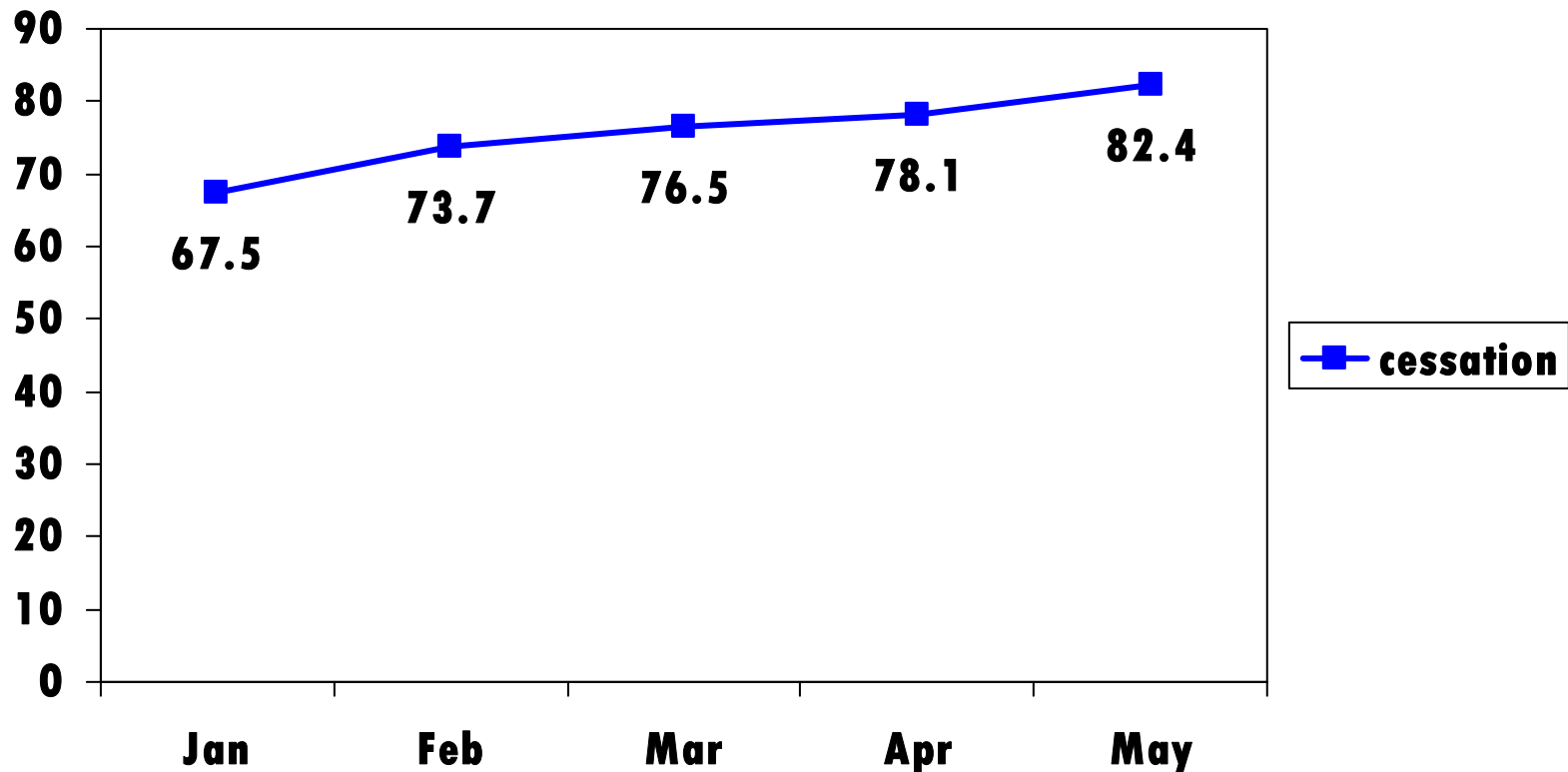


What could still be done?

Examples:

- Educate clinicians and patients
- Ensure spirometry is accessible
- Ensure it is conducted and interpreted properly
- Other ideas???

Percentage of COPD patients who smoke, that were offered counseling, pharmacologic support or referral to stop smoking program at their last visit



What's been done

- **Importance of smoking cessation in COPD discussed at workshop**
- **Motivational interviewing discussed at workshop**
- **Information handouts for patients given to clinicians**
- **Webinar presentation**



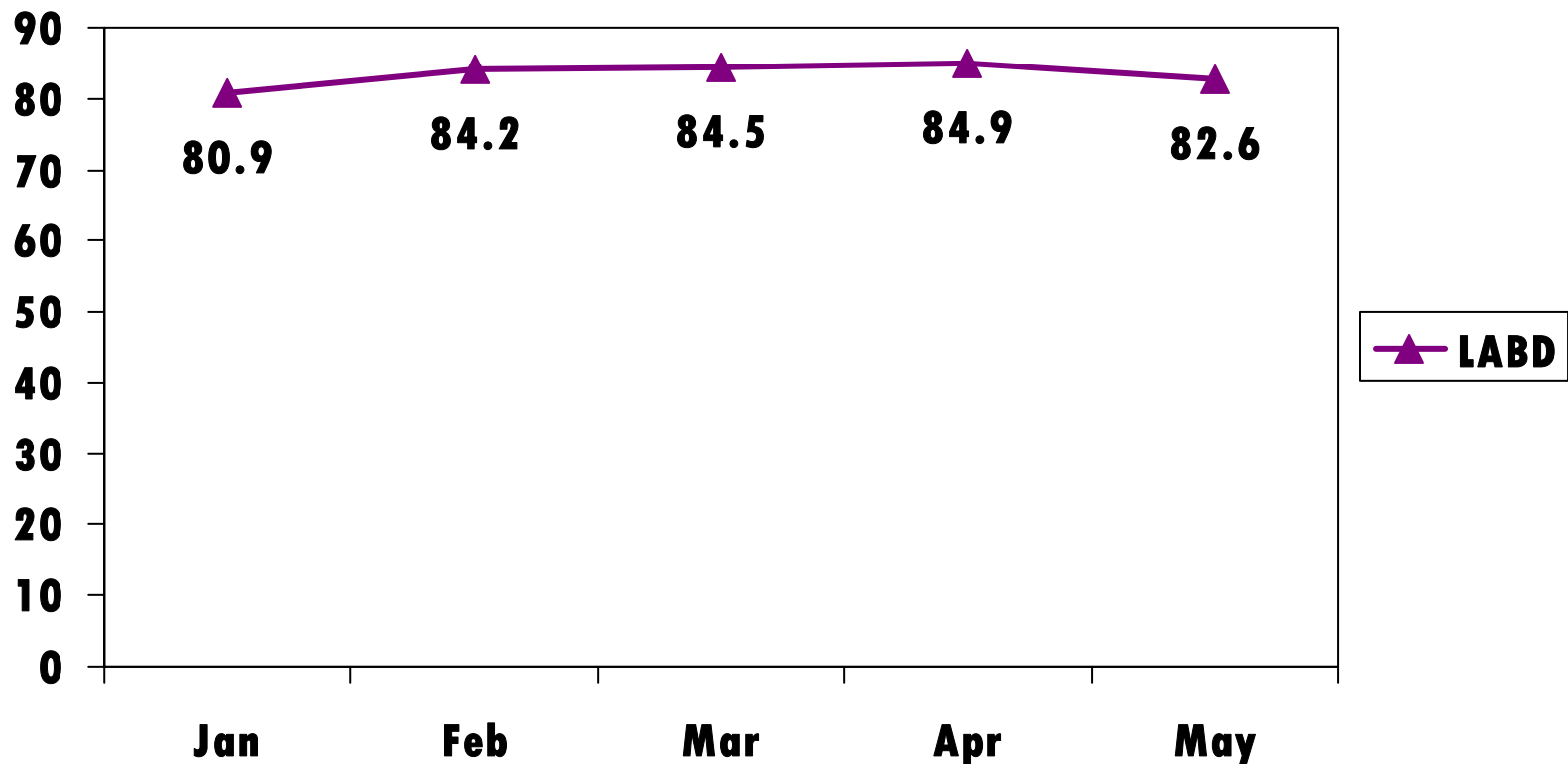
What could still be done?

Examples:

- Create awareness of available resources in their community
- Promote underutilized smoking cessation resources
- Promote referral to PACT pharmacists
- Other ideas????



Percentage of COPD patients who were appropriately prescribed long-acting bronchodilator(s)



What's been done

- **Review of guideline recommendations at workshops**
- **Opportunity for questions to be asked at learning workshops**
- **Recent webinar on pharmacotherapy at each stage of COPD**



What could still be done?

Examples:

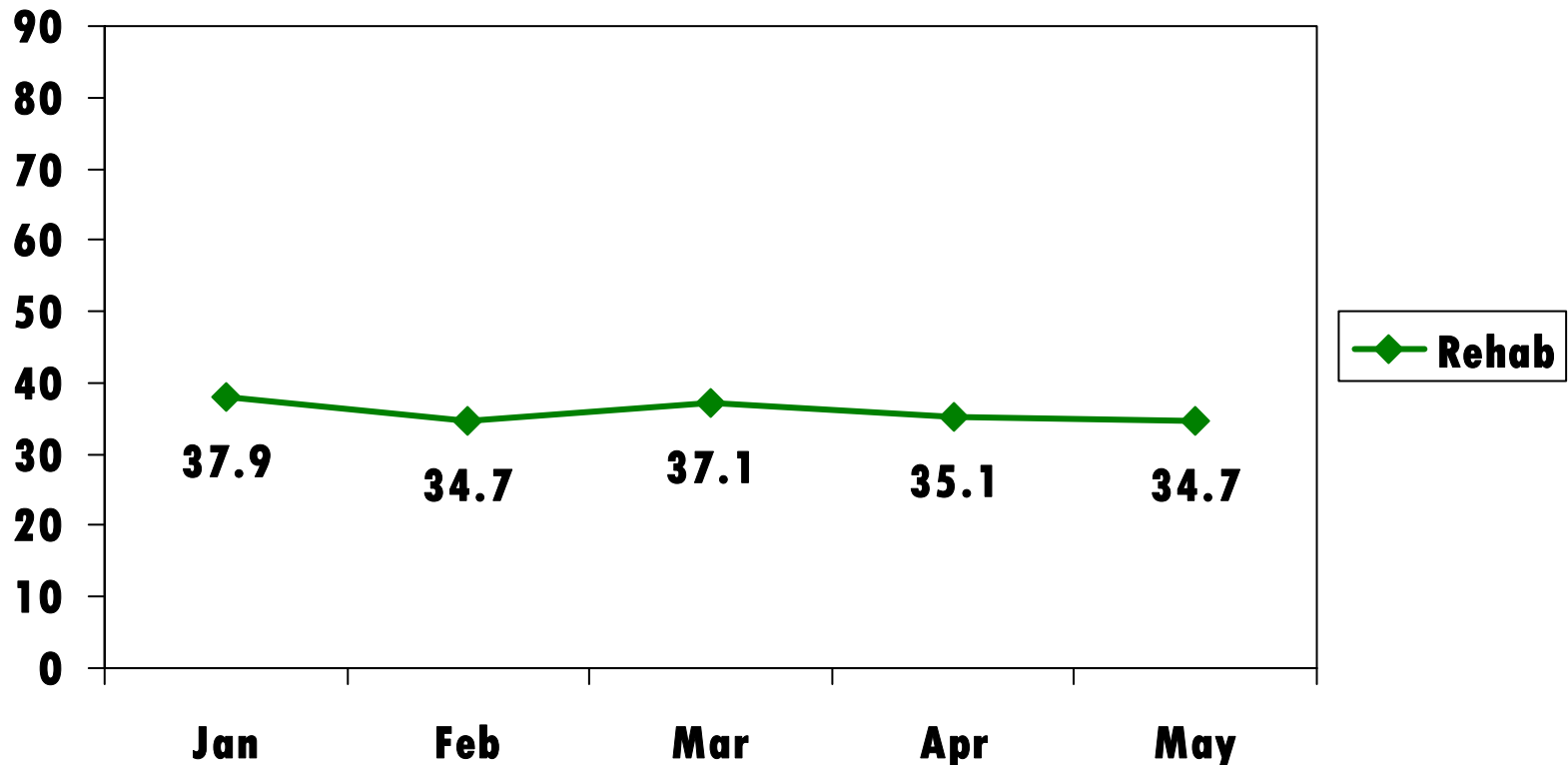
- Promote evidence-based pharmacotherapy (www.respiratoryguidelines.ca)
- Awareness of EDS criteria
- Other ideas??

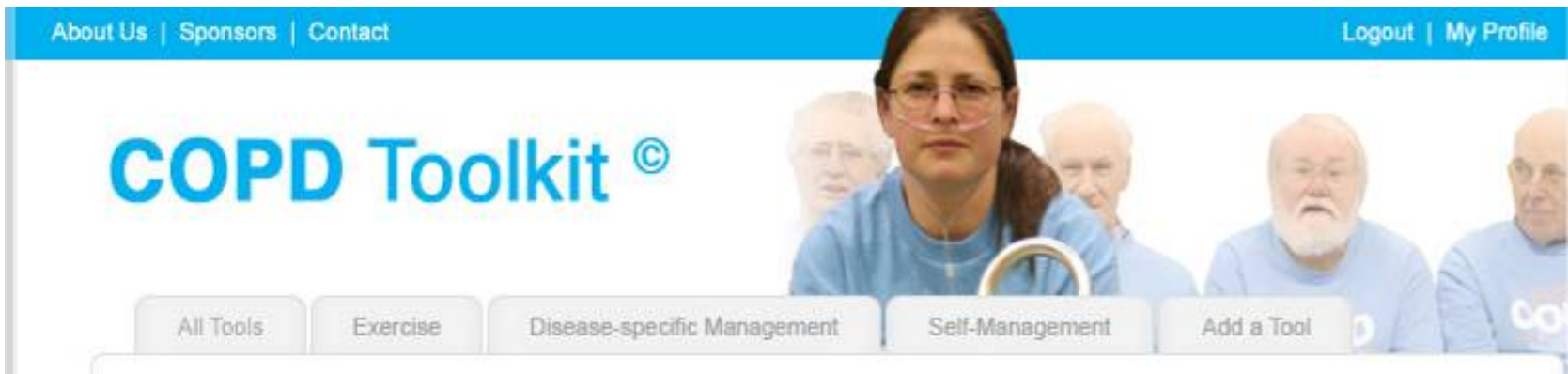


Pulmonary Rehabilitation



Percentage of eligible COPD patients who have been referred to pulmonary rehab





- **Access to COPD toolkit (copdtoolkit.org)**
- **Presentation on COPD Toolkit at November workshop**
- **Webinar June 10th**

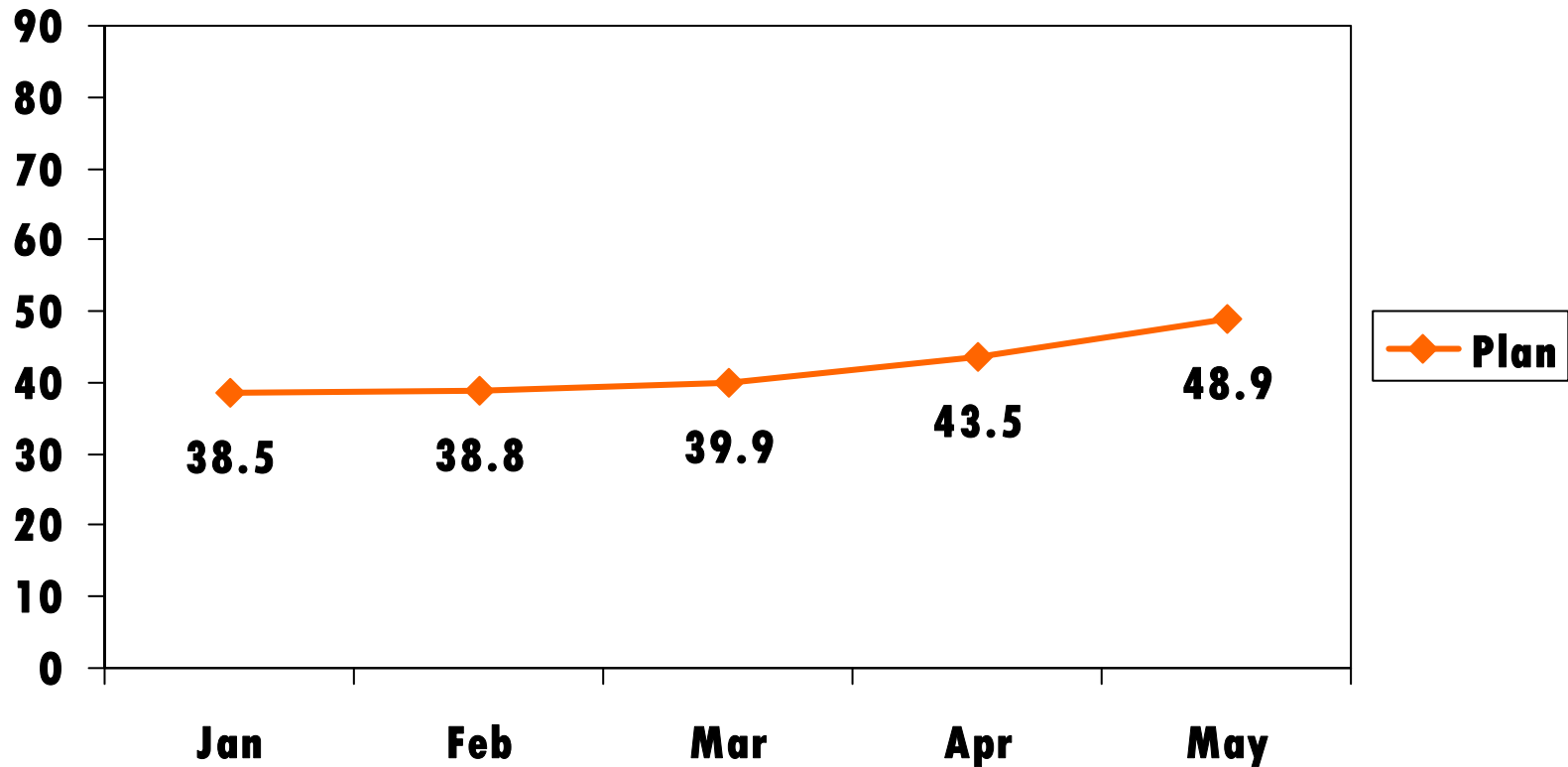
What could still be done?

Examples:

- **Create the demand**
- **Build on existing programs and infrastructure**
- **Promote social aspect**
- **Promote continuation**
- **Attend the webinar on June 10th**
- **Other ideas??**



Percentage of COPD patients with a written action plan developed or reviewed in the last 6 months



What's been done

- **Template given to participants**
- **Evidence for their use discussed briefly at workshop**
- **Plan for fall webinar**



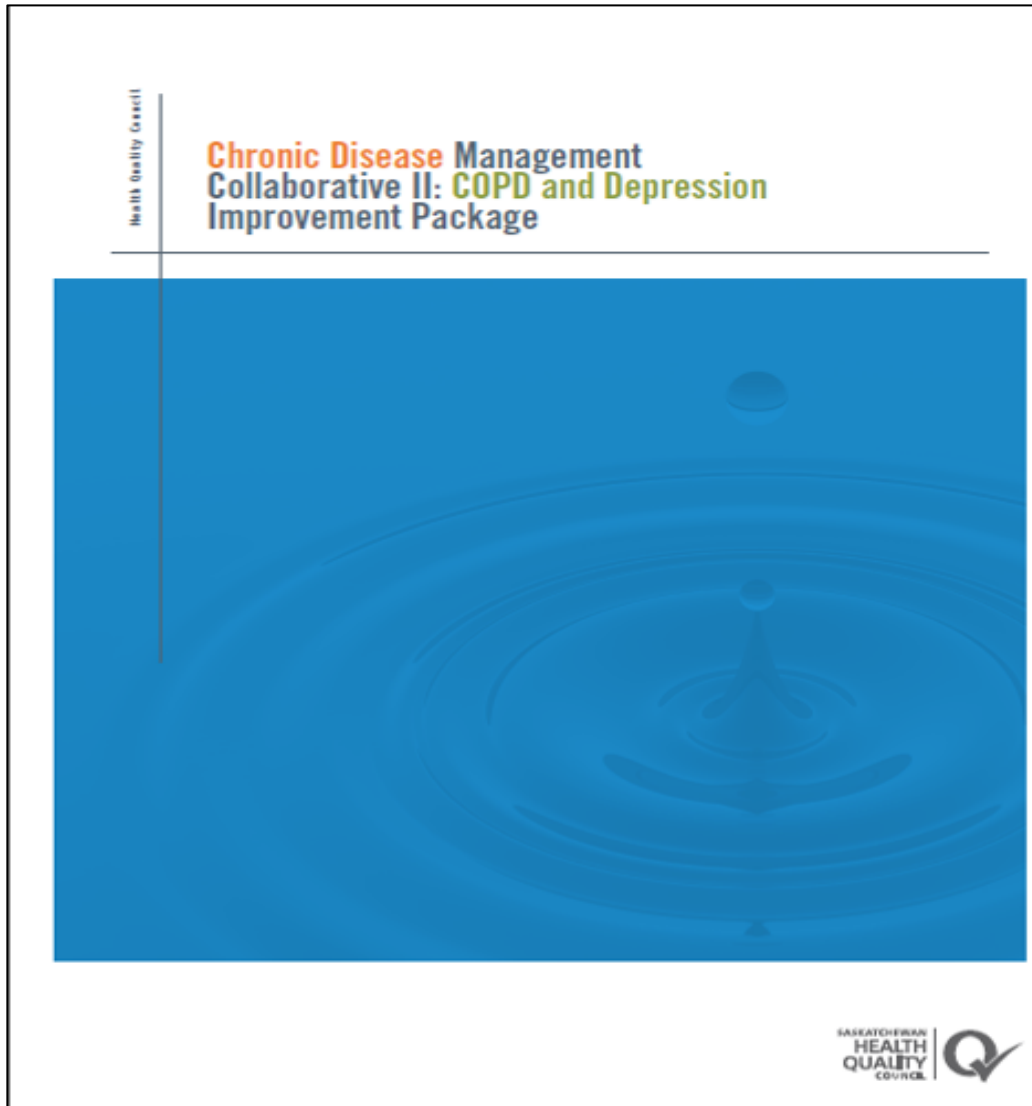
What could still be done?

Examples:

- **Build a culture of self-management in healthcare**
- **Build expectations and will**
- **Make action plans accessible**
- **Promote referrals to Certified Respiratory Educators**
- **Other ideas??**



Improvement Guide



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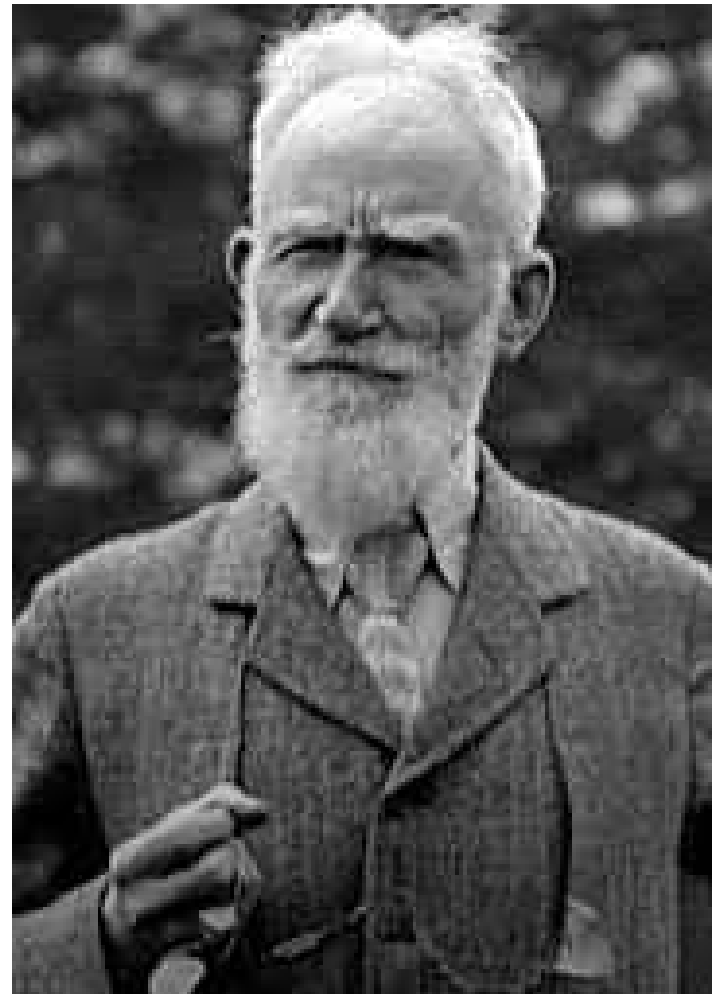


Window of opportunity.....



“Some look at things that are, and ask why. I dream of things that never were and ask why not?”

George Bernard Shaw



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