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Conference Abstract

COPD – the story of 2 GPs, 5 pharmacists, 3 physios and an exercise physiologist

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Abstract

Chronic Obstructive Pulmonary Disease (COPD) is a priority condition for Eastern Sydney Medicare Local. As COPD is defined as an abnormality of lung function, it is difficult to estimate the prevalence. It is estimated that 7.5% for people aged 40 years and over and 29.2% for people aged 75 and over (Toelle et al. 2013). If detected early, COPD can be managed effectively and the associated mortality and morbidity can be significantly reduced. The aim of the project was to increase screening, diagnosis and improve management strategies for 25% of participating patients at high risk for COPD over 6 months. The project integrated primary health care to identify and support patients at risk of COPD and improve interdisciplinary communication through the use of secure messaging. Two GPs, five pharmacists, three community physios and an exercise physiologist were recruited from Botany and attended a workshop which included an interactive demonstration of the Piko6 screening device. Patients at risk of COPD were screened opportunistically by pharmacists and symptomatic patients were referred to their GP using secure messaging. Three community physiotherapists offered bulk-billed intervention and the exercise physiologist delivered free monthly group exercise classes for those with COPD and sent reports using secure messaging. There was also the option to refer patients to the UNSW Lifestyles clinic and The Prince of Wales Pulmonary Rehabilitation Clinic provided specialist outpatient services for more complex patients, communicating with primary providers via secure messaging. The project was supported by the Improvement Foundation and used the Model for Improvement to track monthly data through qiConnect. The general practices used the data to benchmark themselves with others and motivate improvement within the practice. It is predicted that after six months the results will demonstrate: Patients at high risk of COPD were identified successfully in the community by health professionals other than GPs; the majority of patients identified at risk of COPD completed the recommended interventions; increased referrals and communication resulted from secure messaging; comprehensive management options were utilized successfully for COPD patients leading to better patient outcomes.

The project aim was to increase screening, diagnosis and management of COPD patients by involving multidisciplinary health care professionals including GPs, pharmacists, physiotherapists, exercise physiologists and the Prince of Wales Pulmonary rehab unit.

The GPs, pharmacists and physios all played a role in screening to identify patients at high risk of developing COPD. These patients were referred via secure messaging for spirometry for diagnosis. It was possible to screen a range of different people opportunistically in the community and focus on targeting high risk patients in general practice by recruiting allied health professionals in the process. Although screening is not diagnostic, it added considerable value in helping to

identify the population at risk of COPD in our area. It is predicted that this project will provide comprehensive low cost care options for these chronic disease patients.

This project demonstrates the benefits of eHealth as an enabler so multiple services and disciplines can collaborate in shared care. It leveraged opportunistic screening by pharmacists and physios to identify and refer early, patients at risk of COPD. In addition, it did not just investigate the management of chronic disease, but also addressed the screening and diagnosis component to help identify the COPD population.

Secure messaging ensured all health professionals involved could refer and report on patients in a safe and timely manner.

The project was a great opportunity for Medicare Local staff to work collaboratively from various program areas and embed quality improvement methodology into their workflow. The framework for this project will be transferable to other priority areas.

Keywords

integration; prevention; management; eHealth; mutidisciplinary
