Breathe Easy: An Interdisciplinary Approach to COPD Care in Vulnerable Populations

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Background

Appropriate chronic obstructive pulmonary disease (COPD) clinical management can reduce the burden of recurrent acute exacerbation of COPD (AECOPD) in the acute care setting (Canadian Thoracic Society, 2008). Management is optimized through: patient education, health promotion, early recognition and timely treatment of AECOPD (O'Donnell et al., 2008). Our family health teams (FHT) examined and identified common gaps and barriers affecting vulnerable patients with COPD in the community. These included: health literacy, co-morbidities, malnutrition, polypharmacy, low income, unstable housing, and tobacco use. Due to the complexity of COPD and the multiple factors affecting its management, an interdisciplinary COPD program was implemented to deliver high quality COPD management.

Objectives

Objective 1: Improve patient access, experiences, and outcomes to COPD care using a team-based approach

Objective 2: Improve self-management of COPD and AECOPD

Patients were identified through:

1. Referrals made by health care providers to the program
2. FHT smoking cessation program
3. FHT post-hospital discharge program

Figure 1 depicts the delivery model for the COPD visits.

The FHT professional compositions consists of various health care providers including, but not limited to: physicians, registered nurses, pharmacists, dietitians, social workers, and income security workers. Our goal is to provide comprehensive interdisciplinary health care that, supports patient education; provides medication reconciliation; optimizes treatment; and offers smoking cessation counseling and nutritional interventions.

A patient registry and delivery of care model to keep track of patients was developed. As of October 2017, 60 patients were enrolled in the program.

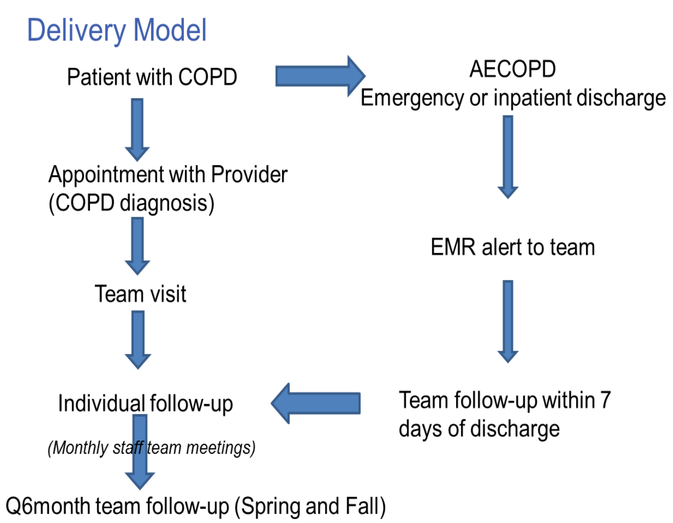

Figure 1

Methods

All patients with a diagnosis of COPD were encouraged to attend a visit with multiple professionals. At the time of data collection (August 2017), 77% of patients completed a visit (49 patients). Their charts were reviewed to identify vaccination rates of influenza and referral rates to the smoking cessation program (Figure 3). A comparison from before and after implementation of the program was performed. We evaluated the following: documentation of a completed action plan for the management of AECOPD, pneumococcal and influenza vaccination rates, and completed pulmonary function tests (Figure 4).

A survey was created to assess patients' confidence, knowledge, and satisfaction after enrolling in the interdisciplinary COPD program. Twenty-five patients were identified as appropriate to be contacted via telephone. Ten participants completed the survey (Figure 2ab).

Results

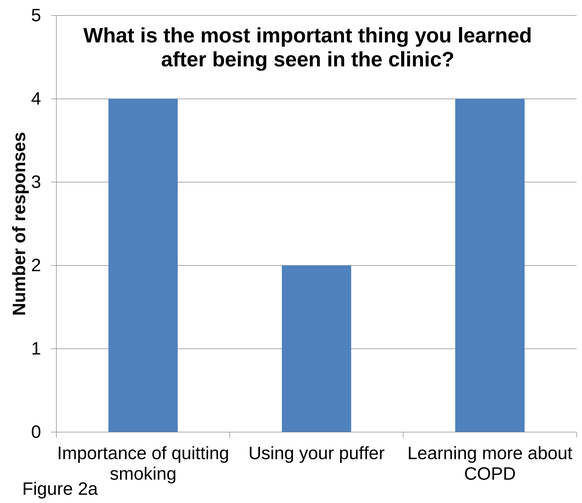

Figure 2a

Did your confidence with managing your COPD flare-ups increase?	70% reported an increase, 30% no change
Did visiting the clinic increase your knowledge about your COPD?	70% yes, 30% no
Overall, how satisfied are you with the COPD support you received at Sumac Clinic?	80% very satisfied, 20% satisfied
Do you feel the staff at Sumac Clinic are available when you need support?	100% reported yes

Figure 2b

From Patient Survey (n=10):

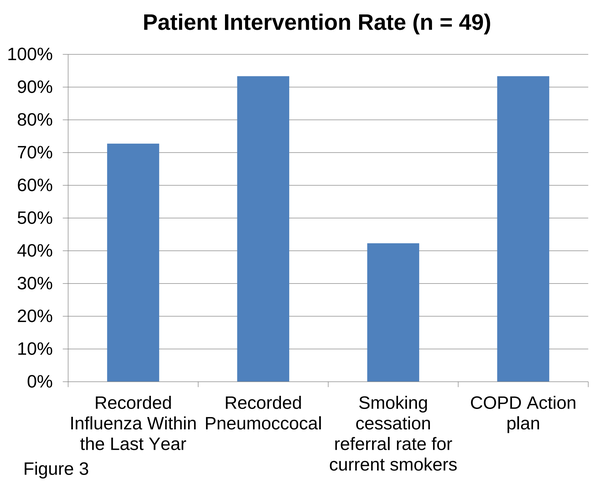

Figure 3

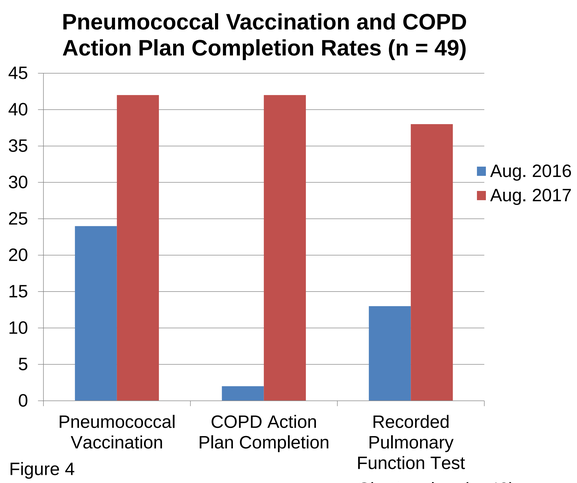

Figure 4

Chart review (n=49):

Strengths and Limitations

Strengths:

- Partnership with Centre for Addiction and Mental Health (CAMH) to deliver Smoking Cessation Treatment for Ontario Patients (STOP) program
- Strong interdisciplinary, organizational, and managerial support
- Designated health promotion room

Limitations:

- Sustainability of human resources
- Difficulty booking/scheduling interdisciplinary appointments on the same day
- Limited engagement from patients and colleagues

Conclusions

- Enhanced patient outcomes and improved quality of care
- Enhanced patient awareness of proactive, self-directed, chronic disease management
- Completed COPD Action Plans, increased awareness of markers of AECOPD and self-management strategies
- Increased influenza and pneumococcal vaccination rates
- Increased smoking cessation clinic referrals and dedicated clinic visits

Future Plans

- We are in the process of collecting data for AECOPD hospital admission and re-admission rates
- Program training to all staff and affiliated clinics
- Incorporating physiotherapy into the program

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