

Practice consultant at the local hospital Herlev



Practice consultant in the municipality of Gladsaxe

Early detection, management and pulmonary rehabilitation of COPD

How can general practice and specialist services co-operate to improve detection and treatment? Bratislava 24 04 2009



Surgery in Søborg Copenhagen





Our practice team

Content

- The Danish Population and Health Care Sector
- New Health Act 2007-Obligatory, regional health care agreements
- Focus on chronical conditions
- Quality development of managing COPD in DK
- Earlier detection of COPD according to the National Board of Health
- Goals for the management of COPD
- The annual COPD control based on quality indicators
- COPD stratification --who does what ? when?
- Regional and local COPD pathway programmes
- Next step-implementation and evaluation
- General practice as manager for the COPD patient Can we meet the challenge?

The Danish Population and Health Care Sector

Denmark has a population of 5,447,084 (December 2006)



Equal access to healthcare is fundamental

Access to hospital care and GPs is free

Free choice of hospital

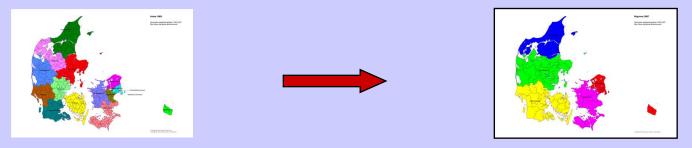
GPs act as gate keepers to hospitals

Co-payment for pharmaceuticals

Danish structural reform 2007- New Health Act

14 Counties

5 Regions



The **municipalities** are responsible for **prevention**, **care and rehabilitation** that do not take place during hospitalisation.

The municipalities should be able to find new solutions especially within prevention and rehabilitation, e.g. in the form of health care centres.

The municipalities and regions are obliged by statute to cooperate about treatment, training, prevention and care.

Obligatory health care agreements should include agreements on the discharge procedure for weak, elderly patients and for prevention and rehabilitation

Focus on Chronic conditions "the 8 chronical diseases"

- Type 2 diabetes
- Cancer
- Ischaemic heart disease
- Osteoporosis
- Muscle and sceletal diseases
- Asthma/allergy
- Psyciatric diseases
- COPD

The Danish Government Programme on public Health and Health promotion 1999-2008 An action oriented programme for healthier settings in everyday life

Chronic Care Model

Ed Wagner-Kaiser Permanente



Tools in Quality development of managing COPD in DK



"National Recommendations on earlier detection, treatment and rehabilitation of COPD " Copenhagen: National Board of Health ; 2007.

> COPD quality indicators and stratification "The Danish Quality Unit (DAK-E)





The Danish College of General Practitioners Guidelines " Early detection, management and pulmonary rehabilitation of COPD "(2008) www.DSAM.dk (selfmanagement plans, LINQ questionnaire,guide to Smokingcessation)

Regional COPD pathway programmes

Datacapture system for COPD

General practice Database "Dansk Almenmedicinsk Database" (DAMD)

Implementation of guidelines and COPD pathway programmes



"National Recommendations on earlier detection, treatment and rehabilitation of COPD "

The recommendations comprise the entire COPD process from the first contact with the public health service to all the subsequent contacts with the health service as a consequence of the disease and its sequelae.

Thus they deal with patient-oriented prevention and medical treatment from the early detection of COPD to rehabilitation efforts.

National Board of Health Recommendations on earlier detection of COPD

The diagnosis COPD should be considered for any patient > 35 years having one or more risk factors ,attending general Practice, presenting one or more of the following symptoms

- Cough
- Phlegm
- Dyspnoea at activity
- Recurring respiratory infections
- Regardless of the primary reason for the consultation

Goals for the management of COPD

• Stop the progression of the disease

Reduce symptoms

• Prevent and treat exacerbations

 Stop the `vicious circle - relieve systemic and social consequences of reduced lungfunction

The downward spiral of breathlessness in COPD



<u>The quality of COPD care in general practice in Denmark:</u> <u>the KVASIMODO Study.</u>

The KVASIMODO project- a descriptive cross sectional investigation focusing on the quality of care for COPD.

Conclusions

We concluded that there is a need for further work in order to implement COPD guidelines among the Danish GPs.

Prim Care Respir J.2007 May 21;:17516009

<u>The quality of COPD care in general practice in Denmark: the KVASIMODO Study.</u> <u>Peter Lange</u>, <u>Finn Rasmussen</u>, <u>Hanne Borgeskov</u>, <u>Jens Dollerup</u>, <u>Michael Jensen</u>, <u>Klaus Roslind</u> <u>Lill Moll Nielsen</u>

How to improve prognosis for our COPD patients The annual COPD control

-a phrase

based on DAK-E quality indicators

- 1) Registration of the diagnosis
- 2) Accurate diagnosis (FEV1/FVC < 70% post bronchodilator)
- 3) Severity of the disease based on spirometry(FEV1 % pred.)
- 4) Severity of dyspnoea related to activity (MRC)
- 5) Smoking status and systematic approach to smoking cessation
- 6) Number of Exacerbations
- 7) Flu-vaccination
- 8) BMI
- 9) Physical activity
- 10 Annual assessment

including comorbidity (cardiovascular,anxiety/depression, osteoporosis status of medicine) need of oxygen? End stage? **patient set treatment goals** and stratification

MRC

(Medical Research Council dyspnoea score)

- 1) Not troubled by breathlessness except on strenuous exercise
- 2) Short of breath when hurrying or walking up a slight hill
- Walks slower than contemporaries on the level because of breathlessness ,or has to stop for breath when walking at own pace.
- 4) Stops for breath after walkingabout 100 metres or after a few minutes on the level.
- 5) Too breathless to leave the house or breathless when dressing or undressing

A candidate for oxygen at home?



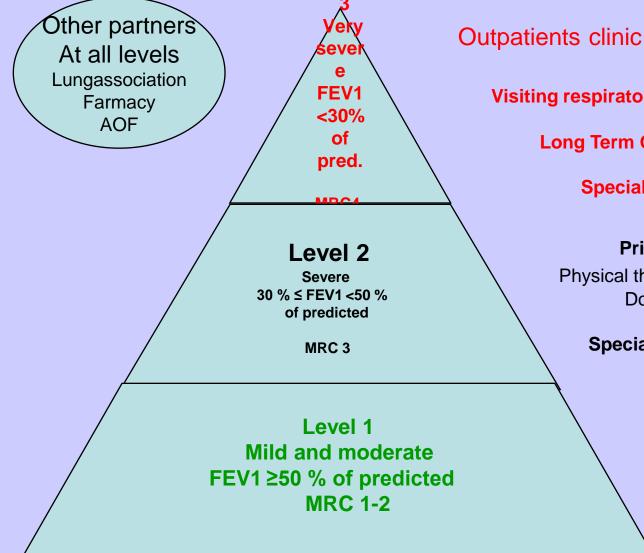
Most important learning

- Earlier diagnosis
- Advice on smoking cessation
- Reguar follow up
- Patients with exacerbatons "in a short line"
- Give Patient management plans
- Offer rehabilitation if indicated

COPD stratification according to DAK-E

GP - the manager all the way through

Hospital admission- NIV/respirator



Visiting respiratory nurse

Long Term Oxygen treatment

Specialised COPD rehabilitation Support at End stage COPD

Primary care rehabilitation

Physical therapist, Occupational therapist Doctor, Dietician, Psycologist

Specialist consultation when needed

Local community settings

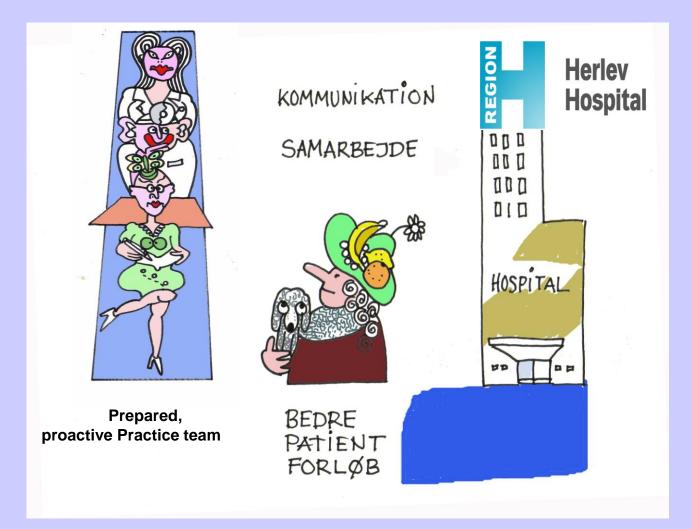
1) Patient education Focus on riskfactors and lifestyle 2) Evaluation of working capacity advice on fysical activity

Living a Healthy Life With Chronic Conditions Chronic Disease Self-Management Program Red flags! For patients at level 2 following characteristics imply referral to pulmonary specialist:

- More hospital admissions for COPD exacerbations
- Hypoxemia <92 %
- BMI <20,5 and /or unintended weightloss
- Important pulmonary or cardiac comorbidity: ie. bronchiectasies, lungcancer, Cardiac incompensation
- Problems with inhaler technique/need of pariboy inhaler.

Obligatory Health care agreements 2007-2009 insuring

Coherence and coordination between the health care services provided by the primary health care sector (*private (self-employed) practitioners and municipal health services)* and the secondary health care



General practice as manager for the COPD patient Can we cope with the challenge?



General practice as manager for the COPD patient Can we cope with the chalenge?

Barriers: Economy

Time Competences Support:

Fee for providing annual asessment of COPD 0106+2304+7113 Organisation of The Practice Team Education

Gain: Better patient pathways Overview Short cut to the good referral A joyfull teamwork

A better life with COPD



IPCRG International Primary Care Respiratory Group

The ONLY international primary care respiratory organisation The ONLY international primary care organisation with a respiratory research mission www.theipcrg.org

IPCRG

The International Primary Care Respiratory Group

- a charity registered in Scotland working internationally (SC No: 035056)
- a company limited by guarantee Company number 256268)
- a Special Interest Group of Wonca Europe
- an Organisation in Collaborative Relations with Wonca Global

- Scientific meeting 5 June 2009 Stansted, UK <u>http://www.theipcrg.org/sci_conf_2009/</u>
- Biennial conference in Toronto 2-5 June 2010 website

http://www.ipcrg-toronto2010.org/