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Activating Primary Care COPD Patients with Multi-morbidity (APCOM) Pilot Project: Study Protocol

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Publication Details

Ansari, S., Hosseinzadeh, H., Dennis, S. & Zwar, N. (2015). Activating Primary Care COPD Patients with Multi-morbidity (APCOM) Pilot Project: Study Protocol. PHC Research Matters: 2015 Primary Health Care Research Conference PHCRIS.

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Abstract

Poster presented at the 2015 Primary Health Care Research Conference, 29-31 July 2015, Adelaide, Australia.

Keywords

project, pilot, apcom, morbidity, study, protocol, activating, multi, patients, copd, care, primary

Disciplines

Education | Social and Behavioral Sciences

Publication Details

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Activating Primary Care COPD Patients with Multi-morbidity (APCOM) Pilot Project: Study Protocol

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Never Stand Still

Medicine

School of Public Health and Community Medicine

Background

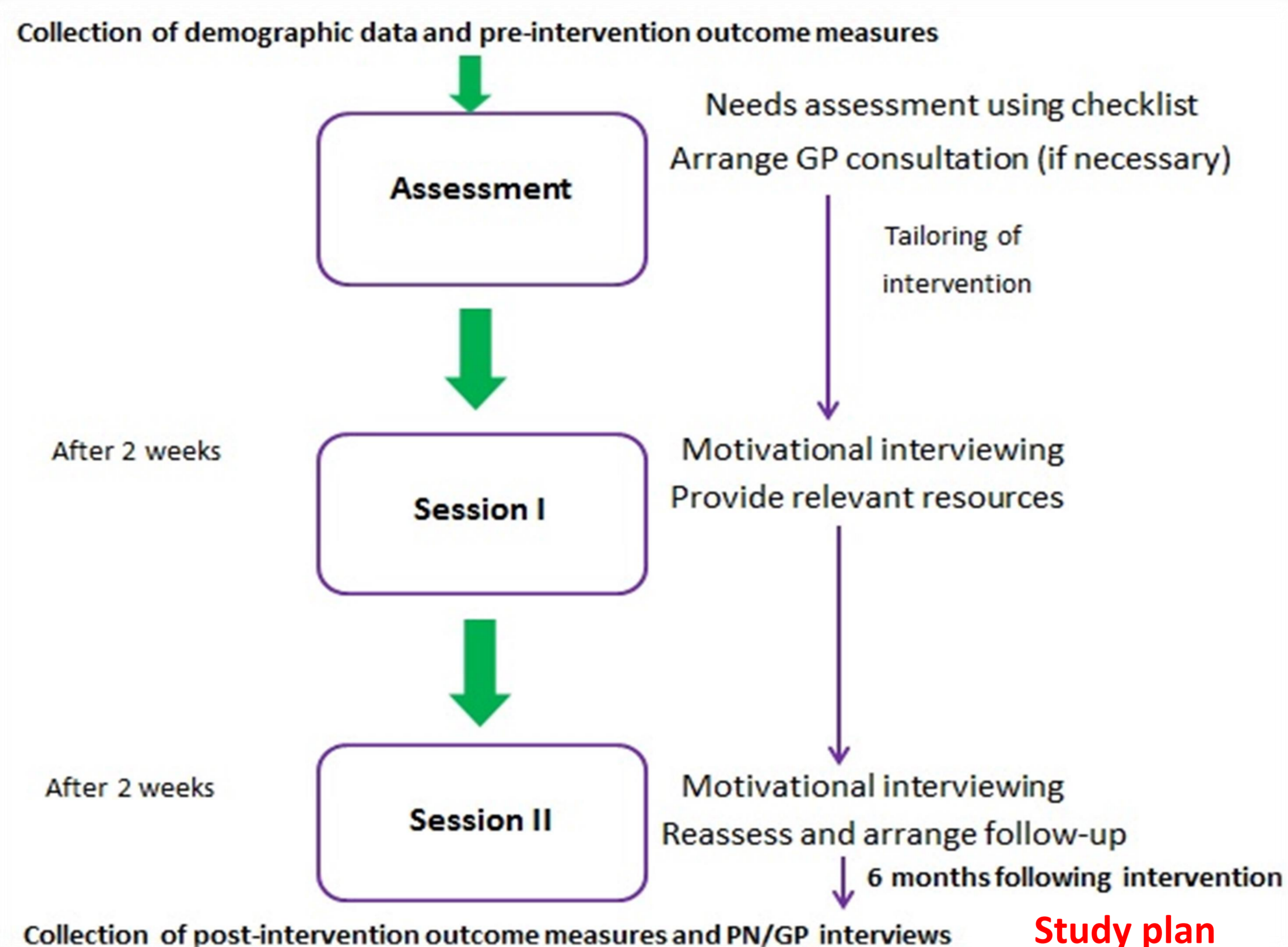
- Chronic obstructive pulmonary disease (COPD), mainly caused by cigarette smoking and exposure to noxious gases, was accountable for 6% of deaths worldwide in 2012 and is projected to be the 3rd leading cause of death by 2030 [1]
- Primary care patients with COPD and other chronic conditions have suboptimal understanding of the disease and underutilise relevant healthcare [2]
- No prior study seems to have focused on improving self-efficacy of COPD patient with multi-morbidity in the primary care setting

Aims

- To activate patients to be more involved in care of their COPD and other chronic conditions
- To improve their disease knowledge and self-management capacity of COPD
- To enhance patients' self-efficacy for better management of their multi-morbidity

Inclusion criteria

- Sydney-based general practices with electronic medical records employing at least 1 practice nurse (PN)
- Patients (N = 40)
 - Aged 40 to 84 years
 - Having a spirometry-recorded diagnosis of COPD
 - With at least one other chronic condition
 - History of smoking



Intervention

- Based on the Health Belief Model (HBM), patients' perceived severity and susceptibility of COPD, and perceived benefits and barriers to relevant health behaviour will be addressed [3]
- Intervention includes constructs from existing self-management programs and covers strategies for self-management of COPD and other chronic conditions
- Intervention will be tailored and delivered by trained PNs to patients in individual sessions via motivational interviewing
- Cues to action will be provided in the form of motivational fridge magnets and patient logs, and monthly follow-up calls

Outcome measures

- Primary: Patient Activation Measure (PAM) [4]
- Secondary
 - COPD Knowledge Questionnaire (COPD-Q) [5]
 - COPD Assessment Test (CAT) [6]
 - Multimorbidity Illness Perceptions Scale (MULTIPLEs) [7]
 - Morisky Medication Adherence Scale (MMAS-8) [8]
 - Inhaler device technique checklist [9]
- Process evaluation: Semi-structured interviews with PNs/GPs

Significance

- Tailored self-management education will empower patients to be better drivers of their own health
- Provides scope for further expanding the PN's role in general practice beyond routine clinical management of chronic disease
- Experience of intervention delivery and uptake from the study will determine its acceptability and feasibility in day-to-day practice
- Findings will provide evidence for upscaling the intervention to be tested as a future randomised controlled trial

References

1. World Health Organization. COPD Fact Sheet No. 315. Updated January 2015.
2. Ansari S, Hosseinzadeh H, Dennis S and Zwar N. Patients' perspectives on impact of COPD diagnosis in the face of multi-morbidity – a qualitative study. *Primary Care Respiratory Medicine*. 2014;24:14036.
3. Hayden JA. Introduction to Health Behavior Theory. Jones and Bartlett Publishers. 2009;1st Edition;Chapter 4;31-44.
4. Hibbard JH, Mahoney ER, Stockard J and Tusler M. Development and Testing of a Short Form of the Patient Activation Measure. *Health Services Research*. 2005;40:6(1);1918-1930.
5. Ray SM, Helmer RS, Stevens AB, et al. Clinical Utility of the Chronic Obstructive Pulmonary Disease Knowledge Questionnaire. *Fam Med*. 2013;45(3);197-200.
6. Papaioannou M, Pitsiou G, Manika K, et al. COPD Assessment Test: A Simple Tool to Evaluate Disease Severity and Response to Treatment. *COPD*. 2014;11;489-495.
7. Gibbons CJ, Kenning C, Coventry PA, et al. Development of a Multimorbidity Illness Perceptions Scale (MULTIPLEs). *PLOS ONE*. 2013;Volume 8;Issue 12;e81852.
8. Morisky DE, Green LW and Levine DM. Concurrent and predictive validity of a self-reported measure of medication adherence. *Med Care*. 1986;24:67-74.
9. Armour CL, LeMay K, Saini B, et al. Using the Community Pharmacy to Identify Patients at Risk of Poor Asthma Control and Factors which Contribute to this Poor Control. *Journal of Asthma*. 2011;48:914-922.