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## Activating primary care COPD patients with multi-morbidity (APCOM) pilot project

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### Abstract

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### Keywords

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

### Disciplines

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## IS006

**Activating primary care COPD patients with multi-morbidity (APCOM) pilot project**

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*Brief outline of context:* Understanding of COPD and uptake of evidence-based healthcare by patients is suboptimal in primary care, particularly in the context of multi-morbidity.

*Brief outline of what change you planned to make:* This innovative study aims to empower primary care COPD patients with co-morbidities by improving their disease knowledge and self-efficacy by piloting a practice nurse-delivered, tailored self-management programme in Sydney, Australia.

*Assessment of existing situation and analysis of its causes:* Our recent qualitative study<sup>1</sup>, which explored the impact of COPD diagnosis in primary care patients with co-morbidities, found suboptimal understanding of the disease and underutilisation of appropriate healthcare. These findings indicate that interventional studies improving COPD patients' self-efficacy in the context of multi-morbidity are needed.

*Strategy for change:* Potential COPD patients with co-morbidities were recruited from participating general practices. Following an initial needs assessment, the self-management programme is being tailored by trained practice nurses and delivered to patients in subsequent one-to-one sessions. The programme, based on constructs from the Health Belief Model, involves active engagement of patients with strategies aimed at enhancing their COPD knowledge, self-management capacity and skills in prioritising multiple chronic conditions.

*Measurement of improvement:* Primary outcome of the study is assessment of patient knowledge, skills and self-management capacity of multiple chronic conditions using the Patient Activation Measure (PAM). Secondary outcome measures include COPD Knowledge Questionnaire, COPD Assessment Test, Multi-morbidity Illness Perceptions Scale, Morisky Medication Adherence Scale and accuracy of inhaler technique.

*Effects of change:* The study is currently in the phase of intervention delivery and follow-up. The average PAM score from baseline data of 49 participants (24 male and 25 female, mean age: 69.2) was 57.67, indicating lack of confidence and skill to modify health behaviour. Impact of the programme will be tested by comparing pre and post-test outcome measures after six months' follow-up. Feasibility and sustainability will be evaluated by qualitative feedback from participating clinicians.

*Lessons learnt:* There has been good uptake of the programme by participating nurses following training workshops conducted by the researchers. We have faced challenges in practice recruitment and patient retention, mainly due to their co-morbidities.

*Message for others:* A first of its kind, our study could lead to improved long-term health outcomes, healthcare utilisation and patient-provider relationships. The study also broadens the practice nurse's role in patient empowerment, which is vital given the surge in multi-morbidity worldwide. Declaration of interest: The study is funded by GlaxoSmithKline Australia.

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*Reference:*

1. Ansari, S., Hosseinzadeh, H., Dennis, S. & 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 doi:10.1038/npjpcrm.2014.36.

## IS007

**Lessons from designing and implementing pulmonary rehabilitation in Kampala**

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*Brief outline of context:* In developing a pulmonary rehabilitation (PR) programme in Kampala, Uganda, we adapted traditional UK model of PR for use in Kampala for patients with post-TB lung disease. Post-TB lung damage is irreversible and varies from mild to devastating in Uganda; it represents 20% of adult respiratory outpatient attenders. There is no useful treatment, but sufferers have poor health status and often are stigmatised.

*Brief outline of what change you planned to make:* Working with Ugandan respiratory specialists, community health workers, nurses and physiotherapists we developed a PR team. We devised an exercise regime based on conventional PR; the education programme covered normal lungs, tuberculosis and post TB damage as well as conventional messages about breathlessness exercise, nutrition, and smoking and drug treatments.

*Assessment of existing situation and analysis of its causes:* We spoke in detail to patients, doctors, nurses and physiotherapists, and attended outpatients and ward rounds. We performed a notes review of consecutive outpatients. After a pre-pilot feasibility study of 2 groups of patients, we performed a development study with qualitative and quantitative assessment of the programme including recruitment, assessment, PR programme and outcome measures including exercise capacity and health status questionnaires.

*Strategy for change:* The 2 pre-pilot groups were conducted in 2013, and with a grant from MRC / Wellcome Foundation the development study was conducted from March 2015- February 2016, 4 groups were conducted and completed 6 week follow up on schedule.

*Measurement of improvement:* The recruitment of patients was recorded using a screening log and only 10% dropped out. Major improvements were seen in exercise capacity and health status. Unexpected improvements in chest pains and haemoptysis were observed.

*Effects of change:* Qualitative interviews and focus groups with patients were conducted to examine the feasibility and acceptability of PR; the impact of respiratory disease and PR; whether PR could be improved. Patients were disabled by their condition before PR with fear of exercise. Patients reported the exercises were initially hard but soon brought improvement in their well-being, increased walking distance and ability to work; as their self-confidence improved they were less stigmatised. They reported improved social and intimate relationships.

*Lessons learnt:* PR is feasible and appears effective in post TB patients in Uganda, but the programme must be culturally appropriate and education tailored to the patients' conditions. International collaboration worked very well, and as internet and skype was unreliable face-to-face meetings are essential. This study informs calculation of sample size of a full trial planned for Zambia, Kenya and Tanzania.

Declaration of interest: None

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## IS008

**To address unmet NCD (respiratory) needs by using a model for diagnosis and follow-up applicable in developing countries**

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*Brief outline of context:* Non Communicable Diseases (NCDs) kill more than 36 million people each year. Nearly 80% of NCD deaths occur in low and middle countries. More than nine million of all deaths attributed to NCDs occur before the age of 60 years. The prevalence of chronic respiratory diseases increase day by day. COPD was the sixth leading cause of death worldwide in 1990; it is predicted to become the third by 2020. The majority of asthma and COPD patients are treated by general practitioners; their conditions are often uncontrolled despite prescribing of multiple therapies because there is a lack