
POSTER ABSTRACT**Implementing Respiratory Integrated Care: the Future for COPD Diagnosis
and Management?**17th International Conference on Integrated Care, Dublin, 08-10 May 2017Patricia Davis¹, Timothy Mc Donnell²

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Ireland has the highest rate of admissions for COPD in the Organisation for Economic Co-operation and Development (OECD) countries.¹ Part of the explanation for this may reside in lack of resources for diagnosis and management in the community. An integrated model of care was developed as part of the Clinical Care programme for chronic disease management. The first respiratory integrated care post commenced in April 2016 providing the services of a clinical nurse specialist (CNSp) and/or a respiratory specialist physiotherapist to both primary and secondary care.

Caseload comprised of patients with asthma and COPD. Challenges and successes were documented in a diary, patient outcomes recorded on an excel spreadsheet. Patients are selected and booked in by G.P practice. The CNSp assesses patients and records notes directly onto G.P software. The specialist consultant in secondary care then reviews this assessment and assists CNSp in accurately reporting on the patients' spirometry results.

From the first clinic July 19th to 30th of September 2016 patient statistics were collated, 45 patients were reviewed by the CNSp. Of these 22 had asthma and 15 COPD, 20 had the GP diagnosis confirmed, 10 had new diagnosis of asthma and 7 COPD, 3 had an alternative diagnosis found. Three patients were unable to perform spirometry for varying reasons, 2 patients had respiratory disease ruled out. All patients received health advice to support the self-management of their condition including inhaler technique and emergency self-management plans. Preliminary feedback from G.Ps and patients has been very positive. Challenges identified were difficulty with electronic communication between primary & secondary care and lack of overall IT set-up/planning for the programme.

Respiratory integrated care (RIC) provides accurate diagnosis with evidence based cohesive management in primary care. More collaboration and communication is required to streamline this service further.

References:

1- National Healthcare Quality Reporting System. Second Annual Report 2016. Department of Health, 2016.

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