

WBoP PHO General Practice COPD Management Plan and Funding

This initiative will follow a similar format to currently funded WBoP PHO diabetes management. Like diabetes, COPD is a chronic and progressive disease and early intervention and proactive management is crucial for effective management. The intent of a treatment program is to relieve symptoms and reduce risks, specifically:-

- Improve exercise tolerance
- Improve health status
- Prevent disease progression
- Prevent and treat exacerbations
- Reduce mortality

WBoP PHO will provide funding of \$160¹ within any 12 month period, per eligible patient (enrolled and funded), to support effective management of eligible patients, following the Global Strategy for Diagnosis, Management and Prevention of COPD guidelines (GOLD 2016). This could be delivered through up to four consultations (which may be Nurse-led). No patient co-payment is to be charged. CarePlus may also be utilised where this exists.

A key intent of the program is to improve the overall health of individuals with COPD. Patients with COPD are at increased risk for:

- Cardiovascular diseases
- Osteoporosis
- Respiratory infections
- Anxiety and Depression
- Diabetes
- Lung cancer
- Bronchiectasis

Therefore, within the funded consultations, opportunities to ensure the patient is up to date with flu vaccination (and if possible, pneumococcal vaccination for patients aged 65 years or above or with predicted FEV₁ <40%), CVD risk assessment and management and other relevant screening should be undertaken. Promoting of smoking cessation is a key component and has the greatest capacity to influence outcomes. Promotion of physical activity is also a key component of good management. Future (Advanced) Care Planning is appropriate for those individuals with advanced COPD.

¹ Quoted rate is GST exclusive.

Funding eligibility criteria

Staff

- Any staff who work for a WBoP PHO affiliated practice and
- Has completed a minimum of six hours COPD education within the last twelve months (excluding education provision sponsored by Pharmaceutical companies). WBoP PHO will keep a register of eligible staff. Annual refresher training will be available via WBoP PHO.
- The management of COPD must be undertaken by General Practice although referrals to Asthma and Respiratory (BoP) for spirometry to undertake diagnosis confirmation is acceptable.

Patients

- Must be a funded patient within WBOPPHO
- Patients must have a confirmed diagnosis of COPD (confirmed by spirometry)

The priority patients for WBoP PHO COPD management funding are:-

- All High Need patients
- All patients holding a Community Services Card
- Newly diagnosed COPD in the last twelve months
- Admitted to hospital in the last 12 months for COPD related issue.

Consultations

Up to four funded consultations per annum following GOLD standard to include:-

- Referral to pulmonary rehabilitation
- Annual flu vaccination
- Smoking cessation advice
- Promotion of physical activity
- Provision of additional follow up as required (Consider usage of CarePlus and High Need discretionary funding where available or if home visits required, use WBoP PHO GP outreach – Health and Wellness e-referral)
- Advice for patient self-management including early detection of symptom changes to reduce the risk of exacerbations requiring hospitalisation

Anticipated inputs

Development of practice COPD champions

Improved COPD management through following GOLD standard COPD care and proactive management through regular reviews

Increased referrals to pulmonary rehabilitation.

- Those admitted to hospital with COPD should be referred to asthma and respiratory pulmonary rehabilitation
- Newly diagnosed within last twelve months with COPD refer to Lifestyle Wellness self-management (eReferral)

Increased completion of Future (advanced) Care Plans

Anticipated outcomes/impact

COPD related admissions for WBoP are small. However, in order to reduce admissions the whole cohort of individuals with COPD needs to be considered and this will benefit this population group over time. For year one the anticipated impacts are as follows:-

- Narrowing of health inequalities related to Maori COPD ASH rates for WBoP PHO by 10% by December 2017
- Reduction in COPD ASH rates for WBoP PHO by 20% by December 2017.
- Reduction in COPD 28 day admissions in WBoP by 10% by December 2017

Invoicing

Invoicing for eligible patients will be facilitated through the use of an Advanced Form, submitted directly to WBoP PHO, which will be designed to gather necessary information to reflect patient eligibility and support data collection and reporting.

Monitoring

WBoP PHO to develop a register of

- COPD practice champions
- Practice staff eligibility to receive COPD funding

COPD admissions by General Practice to be monitored by WBoP PHO and sent to practice champions each month

WBoP PHO to monitor by practice

- Total number of patients enrolled in General Practice led COPD management
- Number of Maori patients enrolled in General Practice led COPD management
- Number of Maori patients whose COPD prescriptions have been funded
- Number of patients referred to pulmonary rehabilitation
- Number of patients with agreed COPD management plan (agreed with patient and practice staff)
- Number of patients with COPD who are up to date with flu vaccination