

Background

- Primary care physicians (PCPs) diagnose and care for the majority of patients with mild-to-moderate COPD.¹ Although many PCPs provide excellent care for these patients, several gaps in COPD care have been documented.² Interventions that address these knowledge deficits are needed to improve the quality of COPD care; however, additional measures may also be needed if significant barriers to optimal management are prevalent.

Purpose

- To inform future educational and quality improvement initiatives, this project examined PCPs' perceptions about barriers to COPD care using both qualitative and quantitative methods.

Methods

Nominal Group Process

- The Nominal Group Technique (NGT) is a well-established group approach to systematically elicit and prioritize participant responses to specific questions.³
- 2 virtual NGT sessions were conducted using a panel of U.S. primary care physicians
 - Session 1 – Key opinion leaders in COPD (N = 4)
 - Session 2 – Community-based physicians (N = 7)
- Each session focused on a single main question:



NGT Main Question:

What are the major obstacles to diagnosing and optimally managing COPD in primary care settings?

- Panelists generated a list of obstacles to COPD care, then chose and ranked 3 items according to 2 questions:



NGT Prioritization Questions:

Biggest impact on COPD diagnosis and management in primary care
Most important to include in future CME to address unmet physician needs

- Each panelist's 3 selections were scored according to their rank, with top ranked items receiving 3 points.

Primary Care Physician Survey

- A survey examining practice patterns and perceptions about mild-moderate COPD care was sent to a national sample of U.S. PCPs.² Respondents were asked to rate 2 sets of potential barriers in terms of their impact on the optimal diagnosis and management of COPD in their practice. Barriers reflected concepts identified during NGT sessions and cited in the literature.
- A total of 943 PCPs responded to the survey. Responses from 784 private practice PCPs were used for analysis.

NGT Findings - Dominant Themes

Biggest Impact on COPD Care

Key Opinion Leaders	Community PCPs
Cigarette Smoking <ul style="list-style-type: none"> - Difficulty of treating tobacco addiction - Second-hand smoke exposure 	Complexity of COPD Diagnosis <ul style="list-style-type: none"> - Spirometry - Burden, cost, and diagnostic delay - Skills lacking for testing and interpretation - Broad differential diagnosis
Patient Non-compliance	Patient disengagement <ul style="list-style-type: none"> - Non-compliance - Healthcare avoidance - Denial of disease and symptoms
Medication costs	Tobacco Addiction
Low Reimbursement for Chronic Disease Management	Patient Education <ul style="list-style-type: none"> - Lack of time and office resources - Few referral options
COPD Comorbidities <ul style="list-style-type: none"> - CAD, DM, Depression 	

Targets for Future Education

Key Opinion Leaders	Community PCPs
COPD Comorbidities <ul style="list-style-type: none"> - Prevalence, impact, and management 	COPD Diagnosis <ul style="list-style-type: none"> - Spirometry - Address burden, cost, and diagnostic delay of testing - Improve provider skills - Differential diagnosis skills
Access to Pulmonary Function Testing <ul style="list-style-type: none"> - Office-based, Accurate 	Smoking Cessation Intervention
Inhalation Technique <ul style="list-style-type: none"> - Proper technique - Routine assessment of patient skill 	New therapeutic agents
"Giving Up Complex" <ul style="list-style-type: none"> - Address negative patient and physician outlook 	Engaging Patients with COPD <ul style="list-style-type: none"> - Facilitating adherence - Promoting effective self-management
Smoking Cessation Intervention	

Ordering reflects the panels' rankings

PCP Survey Findings - Leading Barriers to COPD Care

Patient Characteristics

	Biggest Impact
Patient non-adherence to recommended therapy	46 %
Low patient awareness of COPD symptoms and their affect on daily living	25 %
Tendency of smokers to avoid medical care	15 %
Presence of competing co-morbid conditions (CAD, CM, depression)	14 %

Medical Practice Characteristics

	Biggest Impact
Low suspicion of COPD in patients with minimal respiratory complaints	39 %
Insufficient resources for patient education and self-management skill training	26 %
Complexity and inconvenience of spirometry testing	18 %
Low reimbursement for patients requiring frequent medical care	17 %

Implications for Education

Targets for Physician Education and Quality Improvement

- Provider level: The results from this study suggest a need for multi-faceted interventions to improve the quality of COPD care in primary care practice. Interventions should provide PCPs with information on COPD diagnosis and comorbidities and should improve their skills in spirometry testing and interpretation. In addition, tools and practical advice on how to facilitate adherence, self-management, and smoking cessation among patients with COPD should be incorporated into educational initiatives.
- System level: Results also suggest a need for improved access to timely and accurate spirometry testing as well as interventions to address other system-level barriers. Lastly, these findings highlight the importance of continuing to educate the public about COPD, as this will help enhance patient and provider dialogue and will increase awareness of this important public health problem.

Acknowledgements

- We would like to thank John Walsh of the COPD Foundation for his help with this project.
- This project was supported by an educational grant from Pfizer and Boehringer Ingelheim Pharmaceuticals.

Tools and practical advice on how to facilitate adherence, self-management, and smoking cessation among patients with COPD should be incorporated into educational initiatives.

References

- ¹ Barr GR et al. Am J Med 2005;118(12):1415.
- ² Foster JA et al. MedGenMed 2007;9(3):24.
- ³ Delbecq AL, van de Ven AH, and Gustafson DH. (1975) Group Techniques for Program Planning: A Guide to Nominal Group and Delphi. Chicago: Scott Foresman.
- Foster, J.A, Yawn, B.P., Abdolrasulnia, M, Jenkins, T, Rennard, S.I., Casebeer, L. Enhancing COPD Management in Primary Care Settings. Medscape General Medicine. 2007;9(3):24.

Suggested Reading

For additional information about the methods or findings of this study, please contact:

Jill Foster, MD MPH
Medical Director
Outcomes, Inc.
Email: jill.foster@ceoutcomes.com
Phone: 205.259.1500