

Where: Terrace, Masset, Queen Charlotte
Time Frame: Dec 2018 - present
Contact Info: Nick Brochez (3rd year UBC medical student), Dr. Denise Jaworsky



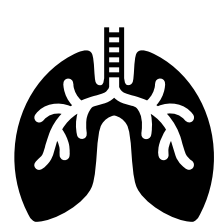
COPD Group Medical Visit Project

Goal:

To reduce the number of COPD-related emergency department visits and hospital admissions of participants by 50%

➤ Background

- COPD is a chronic and progressive lung condition that is currently the 5th leading cause of death in Canada (Statistics Canada, 2019)
- Estimated to be the 3rd leading cause of death by 2020 (Mittmann et al., 2008)
- Crude prevalence of 6.22 patients with COPD/100 people in Northwestern BC in 2018 (BC Ministry of Health Chronic Disease Dashboard, 2020)



➤ Change Ideas

To implement COPD group medical visits (GMV) to improve patient self-management of COPD

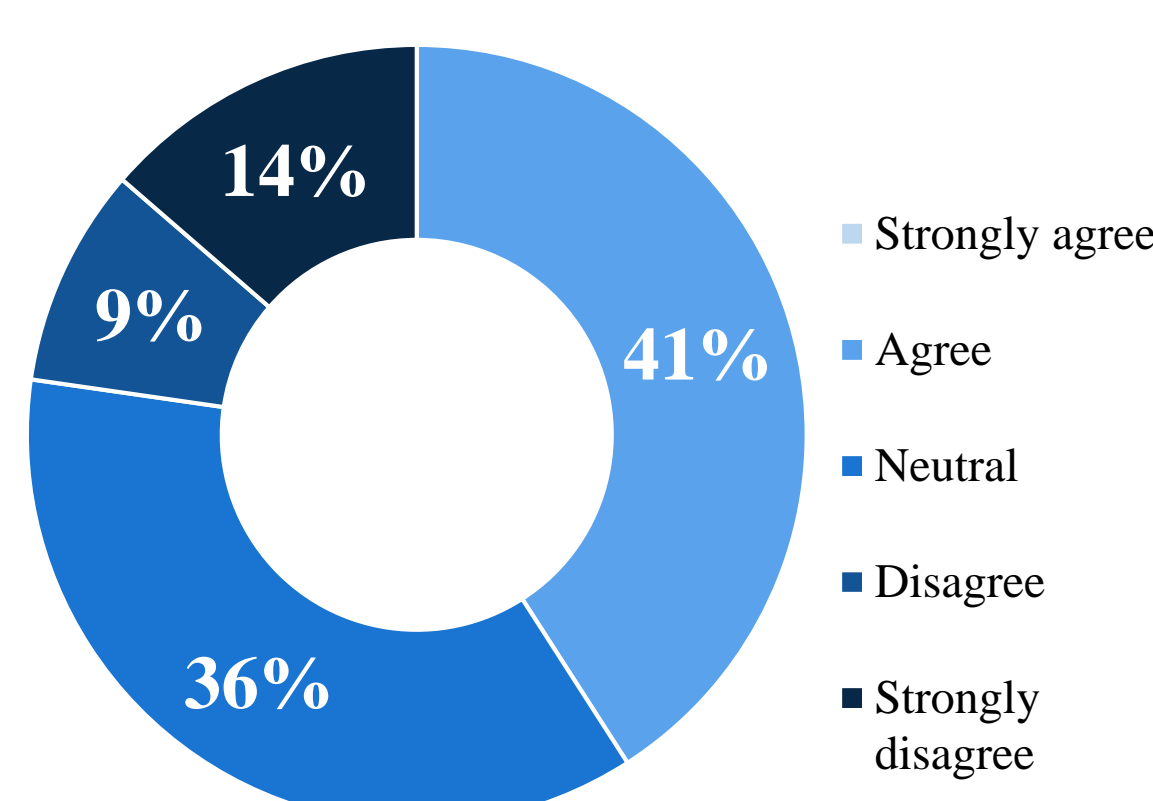
Who: 5 GMVs with 22 people living with COPD

Where: Terrace, Masset, Queen Charlotte

When: December 2018 - October 2019

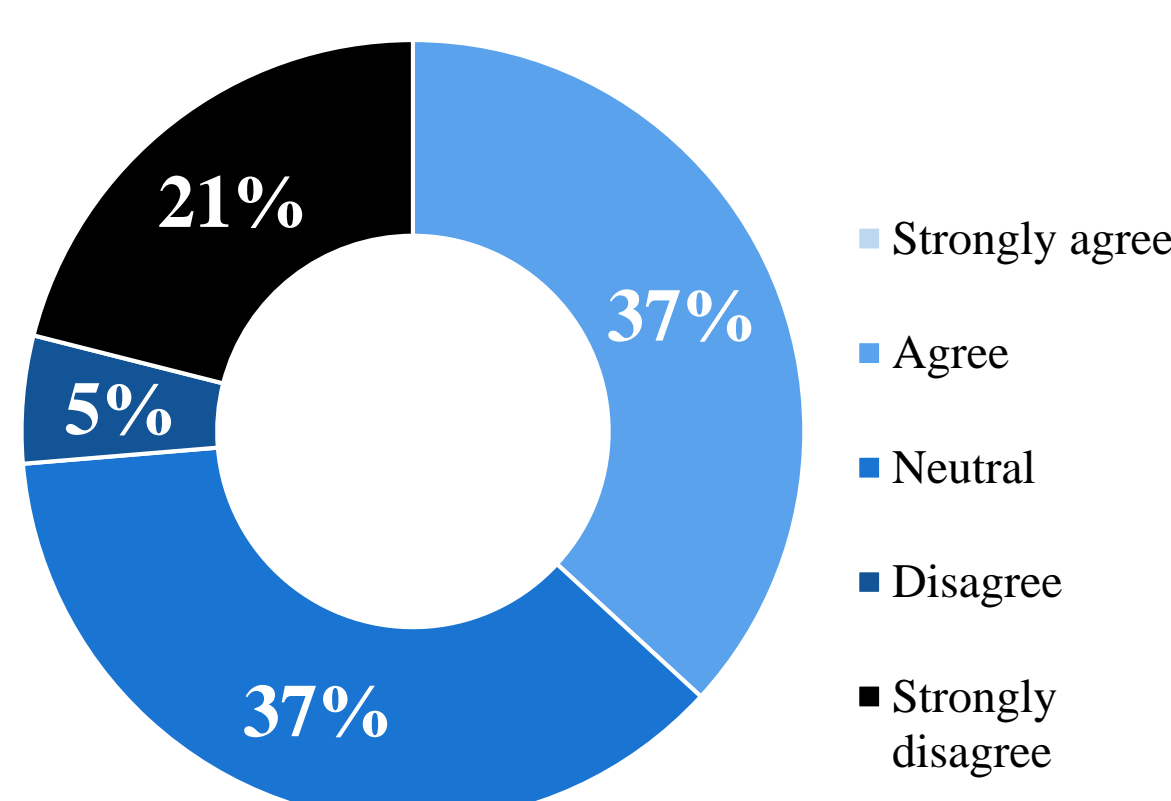
- Patient education not only improves patient quality of life and reduces COPD-related admissions, but also empowers them to manage their conditions.
- **Sessions included:**
 - Basic information on COPD
 - Education on proper puffer technique and breathing exercises
 - Review and administration of vaccinations
 - Review of COPD care (spirometry, medications)
 - Completion of COPD flare-up action plan
- Figures below represent participants' opinions before the GMV

"I understand COPD"



Participants' rated understanding of COPD before the GMV. 22/22 respondents.

"I'm confident in my ability to manage COPD"

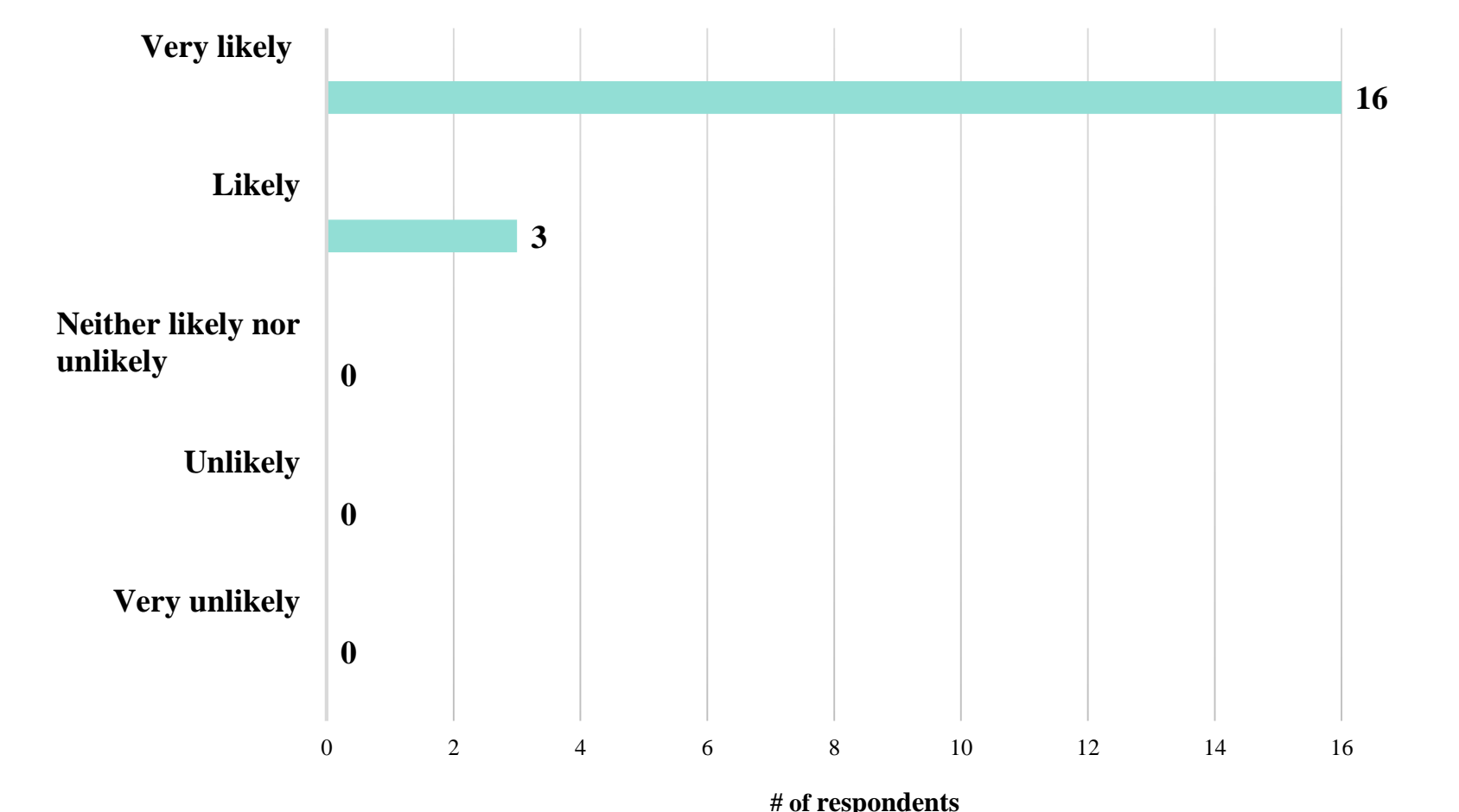


Participants' rated confidence in managing their COPD before the GMV. 19/22 respondents.

➤ Results

(data as of Feb 1, 2020, ongoing data collection until Oct 2020)

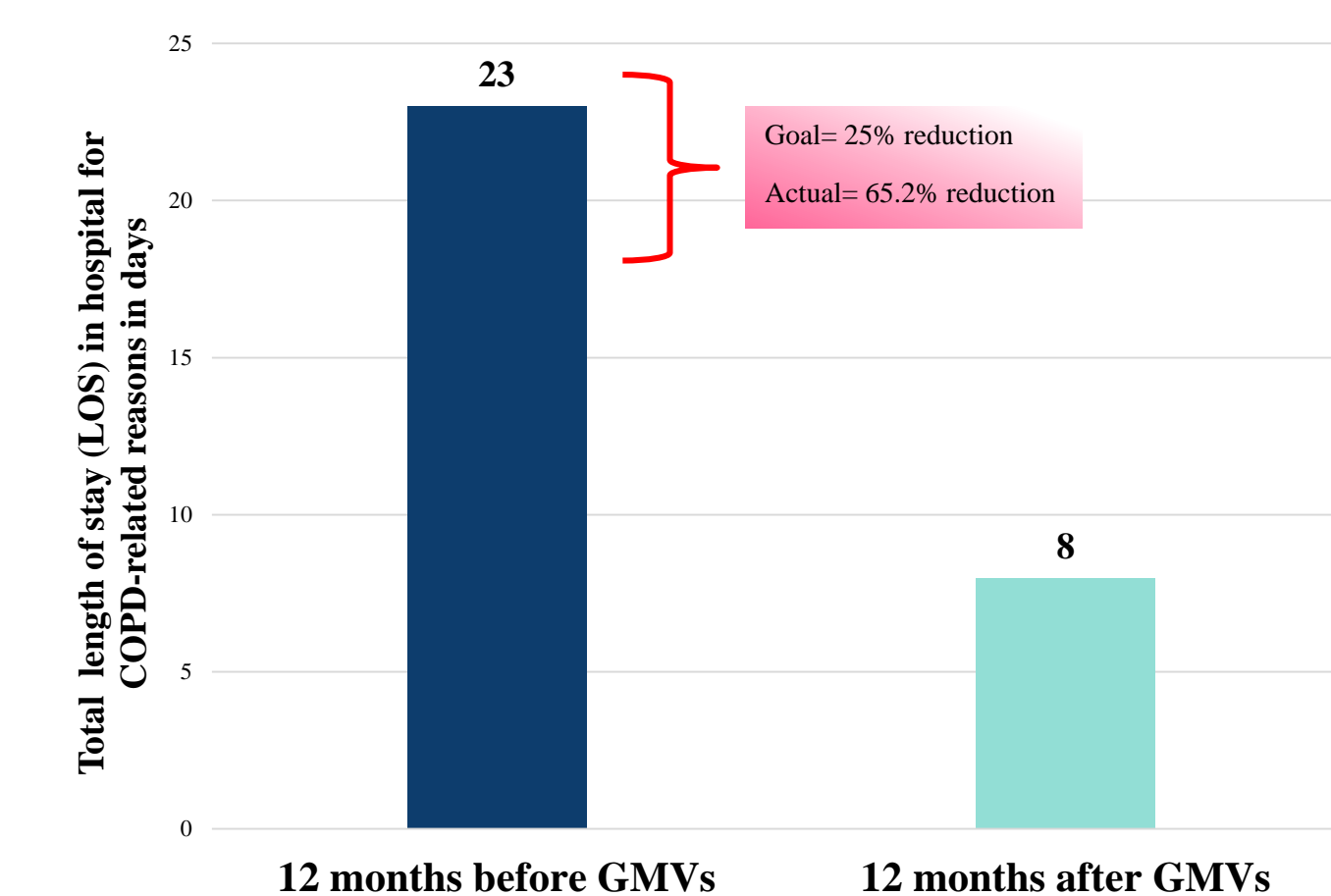
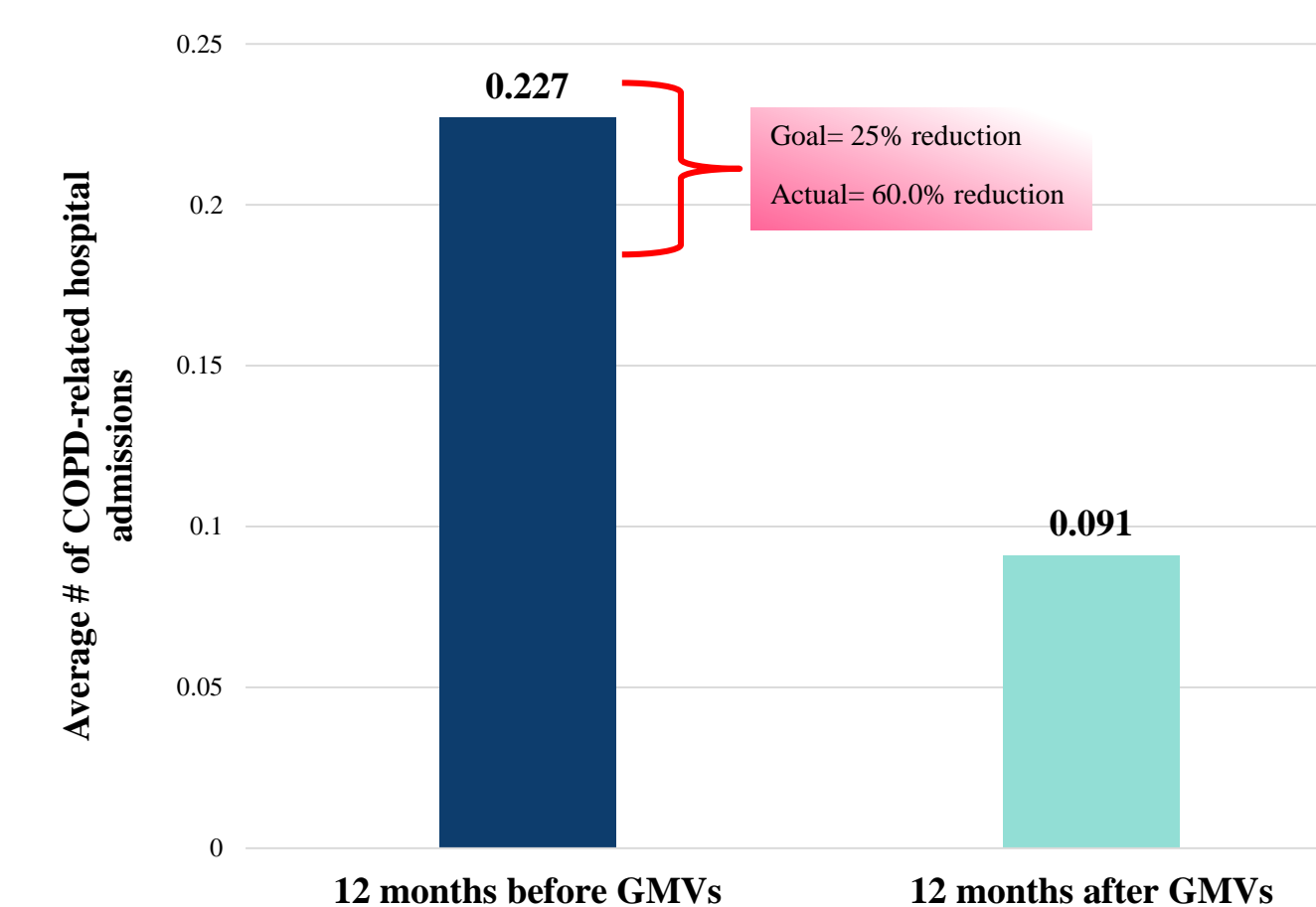
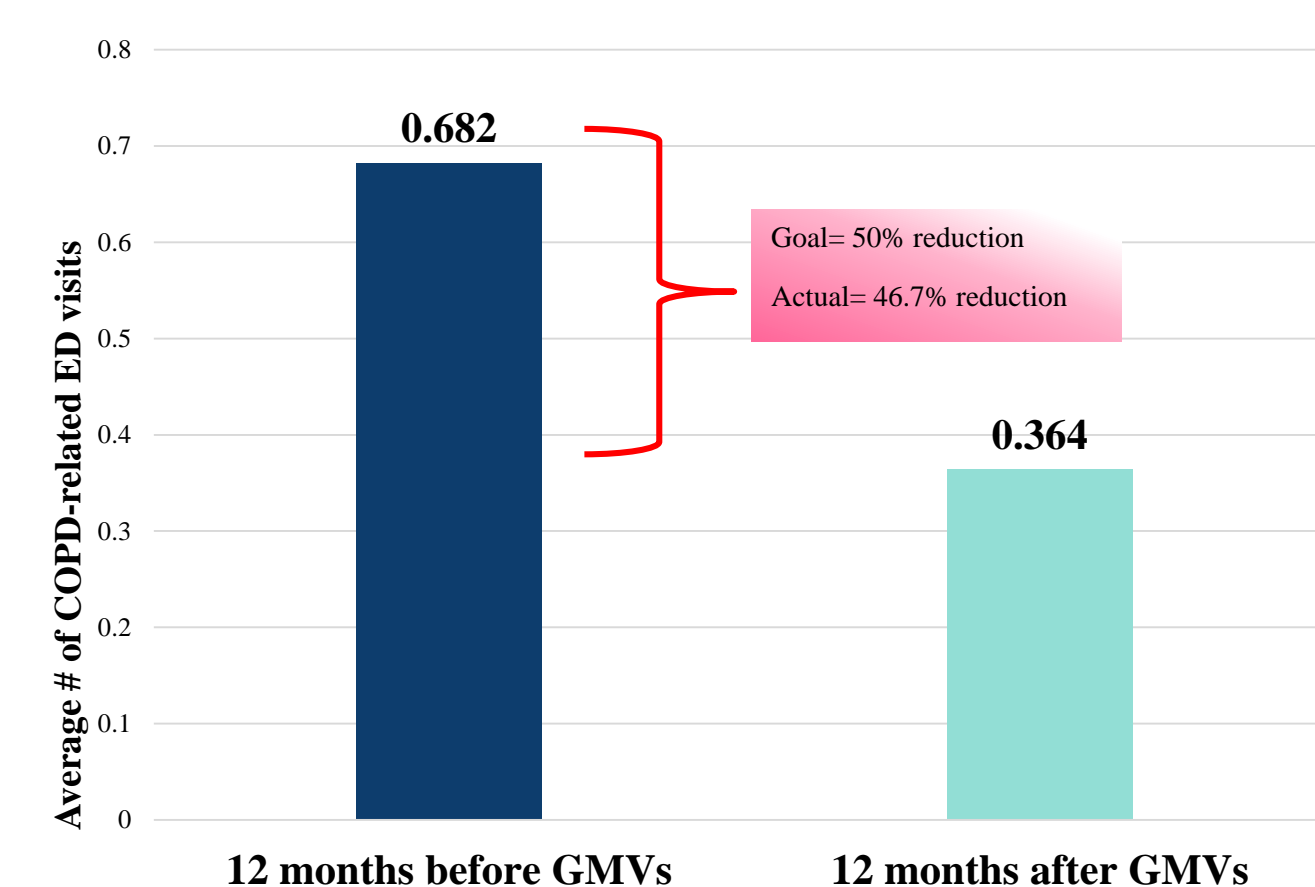
- EMR data was collected 12 months before and 12 months after each GMV, so data analysis is not yet complete
- **46.7%** reduction in COPD-related ER visits post-GMV
- **60.0%** reduction in COPD-related hospital admissions post-GMV
- **65.2%** reduction in length of stay (LOS) in hospital for COPD-related reasons post-GMV
- **All 22** participants completed/updated their COPD flare-up action plans (only 3 had one prior to the GMVs)



Participants' rated likelihoods that they would recommend these sessions to others based on survey data. 19/22 respondents.

"It was all very informative especially how our lungs work." (Participant)

"The most valuable thing I learned was the different types of puffers and meds." (Participant)



➤ Next Steps

- Finish data analysis (Oct 2020)
- Increase the number and frequency of GMVs
- Follow up with participants to assess longitudinal outcomes
- Create a COPD GMV template so family physicians could adopt and run sessions for their patients
- Cover various COPD-related topics (i.e. smoking, explaining PFT's) across multiple sessions

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TEAM MEMBERS:

Denise Jaworsky (Lead, internal medicine), Olivier Drouin (internal medicine), Curtis Cheslock (respiratory therapist), Lee Cameron (physician quality improvement coach), Tamara Stephens (practice support coach), Denise Cerqueira-Pages (practice support coach), Simran Jawanda (UNBC health sciences student), Nick Brochez (3rd year UBC medical student)

References:

1. British Columbia Ministry of Health [data provider]. (2020). *Chronic Disease Dashboard*. Available at: <http://www.bccdc.ca/health-info/disease-system-statistics/chronic-disease-dashboard>
2. Mittmann, N., Kuramoto, L., Seung, S.J., Haddon, J.M., Bradley-Kennedy, C., & Fitzgerald, J.M. (2008). The cost of moderate and severe COPD exacerbations to the Canadian healthcare system. *Respir Med*, 102 (3): 413-421. doi:10.1016/j.rmed.2007.10.010
3. Statistics Canada. (2019). Leading causes of death, total population, by age group. <https://doi.org/10.25318/1310039401-eng>