ABS14: The organised care of asthma in primary care: the '3+ visit plan'. A report on progress

H. John Fardy

University of New South Wales, PO Box 82, Shellharbour Square, 2529, Australia

Introduction: At the Amsterdam IPCRG conference in 2002, information was presented on the "3+ visit plan". It has now been in the community for more than 3 years and has been evaluated. This information will be presented. The "3+ visit plan" was an initiative of the General Practitioners Asthma Group, a committee of the National Asthma Council Australia. In summary, it organises all the required elements of recommended asthma care into a series of visits. Since the introduction in November 2001, there have been 85,000 "3+ visit plan" completions. In addition to the plan itself, there have been a number of educational initiatives relating to the plan but are really an educational program about asthma management in primary care. **Conclusions:** There have been 4 papers published in peer-reviewed journals relating to the "3+ visit plan" [1–4]. Barriers; There is a consistent theme in the published papers that any new program is difficult to implement in a primary health care system that is under stress. Benefits; Where Primary Health care teams have chosen to implement the "3+ visit plan" it has made a measurable difference to patient care.

Conflict of interest and funding

Nil.

References

- [1] Glasgow NJ, Ponsonby A, Yates R, et al. Proactive asthma care in childhood: general practice based randomised trial. *BMJ* 2003;327:659.
- [2] Zwar NA, Comino E, Hasan I, et al. General Practitioner views on barriers and facilitators to implementation of the Asthma 3+ Visit Plan. *Med J Aust* 2005;183(9):64–7.
- [3] Goeman DP, Hogan CD, Aroni RA, et al. Barriers to delivering asthma care: a qualitative study of general practitioners. *Med J Aust* 2005;183(9):457–60.
- [4] Couzos S, Davis S. Inequities in Aboriginal Health - Access to the Asthma 3+ Visit Plan. *Aust Fam Physician* 2005;34(10):837–40.

doi:10.1016/j.pcrj.2006.04.116

ABS15: International Perspectives on National Asthma Programs

Justin Beilby, Teresa Burgess

University of Adelaide, North Terrace, Adelaide, 5005, Australia

Introduction: There is agreement from the World Health Organisation down, that the most effective way to reduce the morbidity and mortality burden of asthma is to address it at a national level. However, by 2004, few countries had developed national asthma strategies or plans and these included Finland, France, the USA and Australia.

Objectives:

- To examine international initiatives in the development and implementation of national asthma programs and policy and identify the key elements required for an effective national asthma program
- To review Australia's First National Asthma Program and identify similarities and differences with other international asthma programs

Methods: A review of peer reviewed asthma literature and published policy and program documents available on the world wide web, as well as asthma specific Australian policy documents. **Results:** Few countries have developed national

asthma programs, and those that have used varying models. However all programs contain the following key elements:

- Primary prevention (including smoking, occupational exposure, exposure to allergens, breastfeeding etc)
- Improved management (medication, spirometry, asthma education, written plans etc)
- Systems support (guidelines, detailed monitoring, ongoing epidemiological research, advocacy and planning, policy)

In Australia, asthma was made a National Health Priority in 2001 and the First National Asthma Management Program was initiated. Core strategies were:

- The Asthma 3+ Visit Plan
- Establishment of the Australian Centre for Asthma Monitoring (ACAM)
- The Asthma Community Support and Grants Program
- The Asthma Innovative Management Initiative
- The Asthma Friendly Schools Program
- A range of professional education activities

Conclusion: Primary care as the most appropriate context for systematic asthma care and the importance of community education about asthma are constantly emphasised as core policy elements. A key aspect is the importance of the maintenance of effective and efficient data collection and monitoring systems. Areas of increasing concern include occupational asthma, and the evaluation of national asthma programs.

Conflict of interest and funding

No conflict of Interest declared.

doi:10.1016/j.pcrj.2006.04.117

ABS16: Implementing national programs for asthma care in Australia - a review of the first four years of the National Asthma Reference GroupRon Tonlin^a, Michael Fisher^b

^aUniversity of Sydney, PO Box 436, Cherrybrook, NSW 2126, Australia ^bAustralian Department of Health and Ageing, Australia

Introduction: This review is part of a series of presentations describing aspects of Australian National Asthma programs implemented in the period 2001 to 2005. Following endorsement of asthma as a National Health Priority [1], the National Asthma Reference Group was established in 2000 to provide advice to the Minister for Health in relation to implementation of the National Asthma Action Plan 1999–2002 (NAAP) [2]. The NAAP built on strategic documents developed by the National Asthma Council Australia (NACA) [3] since 1989. About AUD 60 million (€37 million) was allocated over a four year period in 1999/2000. In 2005, funding for a further four years was provided. Key elements of the NAAP were the establishment of the Australian Centre for Asthma Monitoring [4], the Asthma Friendly Schools program [1], and the Asthma GP Initiative [1], based on the 3+ Visit Plan developed by the NACA GP Asthma Group. The Asthma GP Initiative included a public awareness campaign, information resources for patients and their carers and a patient helpline. In addition, educational resources for primary care providers were developed and 160 seminars were conducted in 2003 and 2005, reaching an estimated 4,000 GPs, nurses and community pharmacists. The activities of the National Asthma Reference Group and the processes underpinning its operation will be discussed.

Conflict of interest and funding

None.