

Identifying pan-European management goals for asthma: Participatory action research study

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Introduction

The disease burden posed by asthma is increasing throughout Europe.¹ Political and information technology developments allow greater international collaboration between health and related agencies. Such sharing and pooling of expertise offers considerable potential to develop an internationally co-ordinated response to the challenge of providing high-quality asthma care in general practice. Over 90% of asthma care is provided almost exclusively within primary care. We aimed to identify pan-European management goals for the primary care management of asthma.

Methods and result

We used participatory action research methods in order to engage professionals across several European countries and to facilitate agreement of a core set of management goals for asthma.² Through personal contacts, we identified primary care asthma group representatives and key opinion leaders in the primary care management of asthma throughout Europe. An electronic database of the e-mail addresses of this asthma expert group was created.

Four rounds of an e-mail based adaptation of the Delphi Technique, over a six-month period, were used to arrive at an agreed set of management priorities. In round one, sixty-two experts were sent by e-mail a letter stating the aims of the study and asking them to list important treatment goals of relevance to the primary care management of asthma. The results of these were collated and grouped. One hundred and forty-nine goals were identified by this process by the eighteen experts who responded. For round two, the experts were asked to score each of the suggested goals in terms of their importance on a scale from one to nine with nine being the most important. The cumulative score for each goal was calculated with scores ranging from 32 to 117. In order to make further rounds more focused only those goals achieving cumulative scores above one hundred progressed to round three. Twenty-one goals progressed to round three with the experts being asked to rank each of the goals on a linear scale. The eleven goals with the highest cumulative score progressed to round four. The expert panel was asked to place these goals in order of importance giving each goal a unique rank on a scale of one to eleven. The five most important (those achieving the highest score in round four) were considered to be the consensus of the Delphi panel.

Sixty-two experts were identified from several European countries, of whom a total of 41 (66%

contributed to at least one round of the Delphi process. From an initial list of 149 suggested goals, it was possible to agree five management objectives for primary care that are considered to have relevance to primary healthcare providers throughout Europe (Box 1). An international meeting for representatives of the expert group was held in Paris in January 2001, in conjunction with representatives of the World Health Organization, the International Primary Care Respiratory Group, the Primary Care and General Practice Scientific Group of the European Respiratory Group and the General Practice Airways Group at which it was possible to refine these management goals and agree a declaration for asthma care in general practice. Work was also begun toward producing a relevant minimum data set to assess

Box 1: European Primary Care Asthma Goal

- To increase patient understanding of when and how and to use asthma treatment and how to adjust it according to asthma symptoms (or peak flow reading)
- To increase patient understanding of when to consult for asthma exacerbations
- To decrease the impact of asthma by increasing 'asthma free days' by 30% within three years
- To decrease severe asthma exacerbations (defined as either requiring a short course of oral steroids or hospitalisation) by 30% within three years.
- To decrease preventable asthma deaths by 50% within three years.

progress in achieving these goals

Comments

The Delphi technique is a method of gaining consensus from a group of experts using a series of intensive questionnaires interspersed with controlled opinion feedback.³ The process has three main features: anonymity, controlled feedback, and statistical group response. Combining this approach with a meeting of asthma experts it was possible to create the impetus needed to begin work on creating the tools and infrastructure needed to assess progress in the realisation of treatment objectives that focus on promoting patient autonomy, increasing understanding, improving quality of life, and reducing serious morbidity and mortality from asthma. We hope that this initiative will in time prove as successful as The St Vincent's Declaration in

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Improving the quality of care delivered to people with diabetes⁵

This is, as far as we are aware, the first time that the Delphi technique has been adapted for use electronically; e-mail Delphi rounds offer the advantage of quick, cheap and efficient communication across international boundaries. We believe that there is considerable scope for further use of the methods here developed in other disease areas where international collaboration may confer an advantage. ■

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Conflict of interest None declared

Contributorship ML and AD conceived the idea for this project, devising the study methods in conjunction with TLF and AS. TLF, AS and ML performed data analysis; the paper was co-written by all four authors. ML is the study's guarantor

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