ABI056: TEAM -Towards Excellence in Asthma Management: An innovative disease management program in the province o Quebec (Canada) *Prim Care Respir J* 2002 **11(2)** 73-74

Author(s): Michel Turgeon, Louis Philippe Boulet, Robert Thivierge , André Amesse, Eileen Dorval, Clinique Medicale Sainte Foy 802 Chanoine Scott, Sainte-Foy, Sainte-Foy, Quebec, Canada

Even though efficacious treatments are available and moreover, a Consensus on asthma was published in 1999 by the Canadian Thoraci Society, there is still a care gap between asthma care and these guidelines

TEAM is a disease management program based on continuous improvement of quality of asthma care. The general objective is to develo and implement an intervention program based on clinical results and well defined needs of physicians and asthmatic patients.

The first phase consisted of establishing a cartography of asthma for the province of Quebec. Results showed variations in morbidity an mortality from one region to another. Six regions were selected for the second phase: two high risk regions, three moderate risk regions and low risk region.

The second phase consisted of recruiting physicians , mainly general practitioners, for a cohort study. A total of 60 physicians hav participated and recruited 228 patients. Participating physicians had to schedule three visits with their patient during a one year period. Bot the physician and the patient filled out a questionnaire. Eventually physicians will receive a confidential report giving them feedback o their personal medical practice and general practice in their area. They will therefore be able to determine the gap between their own practic and the recommendations from the Canadian Consensus on Asthma. Preliminary analysis reveals interesting data that will be presented o site

The program is now in its third phase that is the interventions. First, research interventions are implemented in high and moderate risk area and are targeting hospital emergency , access to spirometry and a tool to facilitate the application of the Canadian Consensus Guideline during a medical consultation. In parallel continuing medical education activities will be offered to participating physicians from the cohor study.

Keywords asthma, disease managemen

ABI057: Feasibility of the assignment of patients with asthma or COPD to general practitioner, respiratory nurse, or pulmonologis *Prim Care Respir J* 2002 **11(2)** 73-74

Author(s): Steuten LM [1], Vrijhoef HJ [3], Koole Y [2], Wesseling G [2], Wouters EF [2], Spreeuwenberg [1,3]. [1] University o Maastricht, Department of Health Care Studies, the Netherlands; [2] University Hospital Maastricht, Department of Pulmonology, th Netherlands; [3] University Hospital Maastricht, Department of Integrated Care, the Netherland

Background In the region of Maastricht a disease management model for patients with asthma or Chronic Obstructive Pulmonary Diseas (COPD) was designed. By integrating care the model aims to continuously improve the process of care delivery. Based on the intensity o care required all patients are assigned to one member of a team of care providers: general practitioner, respiratory nurse, or pulmonologist **Aim** Before implementation of the model a pilot study was performed to assess the feasibility of establishing a working diagnosis an assigning patients both with a central role for the respiratory nurse

Method Following a well defined procedure, respiratory nurses evaluated the respiratory symptoms and lung function, including th reversibility of the airflow obstruction, of patients (18 yrs) submitted by their general practitioner. This procedure took place in primar care. Diagnosis, definition of severity of asthma or COPD, and assignment to one of the three primary responsible care providers wa established by the team based on national guidelines

Results During a period of six weeks, 247 patients were submitted by 3 general practitioners. Of patients 47% were male, aged 49.6±14. yrs, and FE_1 (%pred) of 87.0±23.5%. Asthma was diagnosed in 54.7% of patients (25.1% intermittent, 13.8% mild, 14.2% moderate, 1.6 severe persistent). COPD was diagnosed in 21.1% (6.9% mild, 8.9% moderate, 5.3% severe). In 24.3% of patients neither asthma nor COP was diagnosed. For further provision of care 40.0% of patients were allocated to the nurse, 4.5% to the pulmonologist, and 55.5% wer referred back to the general practitioner

Conclusion The team approach to diagnose patients with asthma or COPD as well as to assign patients for further management was foun feasible. Further study is needed to assess the effectiveness of the disease management model once patients are assigned to one of th primary responsible care providers

Keywords chronic asthma, COPD, organisation of care, interface primary-secondary care, disease managemen