AB1056: TEAM -Towards Excellence in Asthma Management: An innovative disease management program in the province of Quebec (Canada) *Prim Care Respir J* 2002 11(2) 74

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Even though efficacious treatments are available and moreover, a Consensus on asthma was published in 1999 by the Canadian Thoracic 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 develop 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 and 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 have participated and recruited 228 patients. Participating physicians had to schedule three visits with their patient during a one year period. Both the physician and the patient filled out a questionnaire. Eventually physicians will receive a confidential report giving them feedback on their personal medical practice and general practice in their area. They will therefore be able to determine the gap between their own practice and the recommendations from the Canadian Consensus on Asthma. Preliminary analysis reveals interesting data that will be presented on site

The program is now in its third phase that is the interventions. First, research interventions are implemented in high and moderate risk areas 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 cohort study.

Keyword: asthma, disease management

AB1057: Feasibility of the assignment of patients with asthma or COPD to general practitioner, respiratory nurse, or pulmonologist (*Prim Care Respir J* 2002 11(2) 74

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Background: In the region of Maastricht a disease management model for patients with asthma or Chronic Obstructive Pulmonary Disease (COPD) was designed. By integrating care the model aims to continuously improve the process of care delivery. Based on the intensity of 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 and 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 the reversibility of the airflow obstruction, of patients (> 18 yrs) submitted by their general practitioner. This procedure took place in primary care. Diagnosis, definition of severity of asthma or COPD, and assignment to one of the three primary responsible care providers was 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±14.1 yrs, and FE₁ (%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 COPD was diagnosed. For further provision of care 40.0% of patients were allocated to the nurse, 4.5% to the pulmonologist, and 55.5% were 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 found feasible. Further study is needed to assess the effectiveness of the disease management model once patients are assigned to one of the primary responsible care providers.

Keyword: chronic asthma, COPD, organisation of care, interface primary-secondary care, disease management