

3. Establishing aero-allergen identification and counting facilities.
4. Production of high quality allergen extracts and specific allergy diagnosis and treatment facilities.
5. Establishing "best practices" in light of the local conditions, per capita income, affordability and availability of various therapeutic options.
6. Training of all levels of educators, health care providers, planners and administrators.
7. Establishing contacts and liaison with international agencies, and improve the services.

Conflict of interest and funding

None.

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ABS77: Organisation of asthma and COPD care in secondary care in Mid-Sweden

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Objective: To investigate the organisation in secondary care with regard to management of COPD. **Background:** The Swedish National Board of Health and Welfare assessed guidelines for diagnosis and management of asthma and COPD in 2004. This study intends to compare these guidelines to the actually performed care in Mid-Sweden. The aim of this report is to compare the resources in organisation and equipment for COPD in secondary care in this region. **Method:** A survey was sent in 2005 to all seven regional/county hospitals and to seven local hospitals in the region. The survey included 40 questions about resources for management of asthma and COPD in secondary care. With reference to the guidelines of the Swedish National Board of Health and Welfare five quality indicators were constructed for the care of COPD in secondary care. These were access to the local and regional guidelines for COPD, spirometer, programme for smoking cessation, physiotherapy for COPD patients, multidisciplinary rehabilitation. **Results:** Three of the 14 hospitals (two regional/county hospitals and one local hospital) fulfilled all quality criteria. The greatest shortcoming was smoking cessation where 7 out of 14 lacked a structured programme. 6 out of 14 also lacked resources for multidisciplinary rehabilitation and local guidelines. The criterion that most hospitals fulfilled, 13 out of 14, was access to spirometer. **Conclusions:** There are differences in resources in secondary care for patients with COPD in this Swedish region. The greatest shortcoming is access to smoking cessation programmes, which is a serious problem since this is the only treatment that has shown to be of significant importance for the prognosis of COPD. The development of local guidelines and resources for multidisciplinary rehabilitation for COPD is also important to improve the care of this large disease-group.

Conflict of interest and funding

None.

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ABS78: A pilot study of Physician Asthma Care Education program in Australia

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Introduction: The Physician Asthma Care Education (PACE) program was developed by the Universities of Michigan and

Columbia, as an educational intervention to enhance the care of children with asthma in primary care. PACE has had a significant impact on the prescribing and communication behaviours of primary care paediatricians in US, leading to improved patient outcomes. **Aims:** The study aims were to adapt the program material to the Australian context and to test its acceptability and feasibility with General Practitioners. **Methods:** PACE materials were modified to meet the Australian asthma management guidelines. 25 Doctors in Sydney were recruited to attend two 2½ hour workshops that included interactive sessions on asthma management and a communication and education video. Before and again four weeks after the intervention, participants completed a questionnaire about the use of 10 key teaching and communication strategies. They were asked about their confidence in using these strategies, how helpful they perceived them to be and the frequency of use during asthma consultations. **Results:** Following the PACE Australia workshops, participants reported greater confidence in using the 10 key strategies, perceived them as more helpful, and reported using them more often. The doctors gave very positive written and oral feedback about the program content and strategies. The most useful aspects of the workshops were the sessions on communication strategies, patterns of asthma and the use of devices. The recommendations included extending the duration of the workshops and modifying the video for Australian audiences. **Conclusion:** The results demonstrate that PACE Australia program can improve the way in which doctors manage asthma consultations and the communication strategies would be equally relevant for other chronic illness consultations. The impact of the revised PACE program on the processes, costs and outcomes of general practitioners' care of children with asthma is currently being studied as a randomized controlled trial.

Conflict of interest and funding

Nil.

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ABS79: Patterns of primary care for children with asthma: An exploratory, qualitative study in Brazil

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Introduction: Asthma is the most common chronic lung disease diagnosed in children in Brazil and represents a personal and social burden for subjects and their families and direct and indirect costs related to management of the disease. Although there are nationally-based initiatives to implement standards of care, it is supposed that a wide range of practices would be observed, especially when comparing family medicine practitioners and primary care pediatricians. **Aims and objectives:** To explore and compare the process of care received by children with asthma served by primary care physicians (family medicine practitioners and primary care pediatricians) in Brazil. **Subject and methods:** A qualitative approach was used to study responses for cases assigned to family medicine practitioners and pediatricians through a mailed questionnaire with multiple-choice and open-ended questions. Three provider types were identified: Family medicine specialists, Family medicine non-specialists and primary-care pediatricians, all working in the Brazilian public, Unified Health System. Process of care measures reflecting aspects of care recommended in national guidelines were developed and used to analyze patterns of care across provider types, controlling for case-mix and other covariates. **Results:** Management of asthma in children had a wide variation in terms of diagnosis, classification, pharmacological treatment in acute and maintenance care, educational and preventive measures and follow-up practices, inside each group of providers