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EDITORIAL

Systems for the management of primary care respiratory disease throughout the world

See paper by Glasgow on page 19

In keeping with the aims and objectives of the *Primary Care Respiratory Journal* (*PCRJ*), we have commissioned a series of international papers to enable clinicians and health service managers to compare and learn from different systems for the primary care management of patients with respiratory disease. The *PCRJ*, as the only international respiratory disease primary care academic publication, is ideally placed to host a series of papers on this subject, and we are delighted to do so.

There is an increasing realisation that managing people with chronic respiratory disease, particularly asthma and chronic obstructive pulmonary disease (COPD), requires a 'whole health system' approach. An example of this is the management of asthma in Finland.[1] Primary care – by which we mean medical and allied health management across the community sector outside the hospital – has to be integral to this approach, since most people with respiratory diseases are managed in this milieu.

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With increasing patient demand and healthcare funding constraints worldwide, it is timely to launch a series of articles aimed at summarising and comparing how different countries provide and promote health care for patients with respiratory disease in primary care. Each of these review papers will summarise the different approaches to the organisation, financing, and delivery of services aimed at providing optimum respiratory care within the community. The authors have been asked to highlight the challenges, and areas where the evidence base is unclear and in need of more research. It is hoped that these articles will stimulate debate and comparison that will inform the future development of policies aimed at improving the care worldwide for people with respiratory disease.

Why focus on primary care? The Global Initiative for Asthma (GINA) guideline argues that there is an imperative "to work with primary care providers and public health officials in various countries to design, implement and evaluate asthma care programs to meet local needs".[2] Similarly, there are many references within the Global Initiative for Chronic Obstructive Lung Disease (GOLD)[3] and Allergic Rhinitis and its Impact on Asthma (ARIA)[4] guidelines to the role played by primary care health professionals in managing these chronic diseases. Our own IPCRG guidelines on the management of respiratory disease make a very strong case for the role of primary care in looking after respiratory disease patients.[5-10] Most patients with respiratory infection are managed within primary care. There are also significant opportunities in primary care for effective smoking cessation interventions.[11,12]

Caring for patients with respiratory disease constitutes a large proportion of the workload in primary care. Asthma affects over 300 million people worldwide and is the most common chronic illness affecting children. Numerous guidelines have been produced,[2-4] but we still struggle to implement guideline-defined care, to obtain effective disease control, and to create partnerships between patients and their families, the doctor, nurse and primary care worker. The exact shape of these "partnerships" will vary from country to country and will depend on access to medications, effective respiratory assessment, and health care workers, as well as utilisation of complimentary or traditional practitioners. Furthermore, there remain difficulties for patients in accessing appropriate care as a result of the hierarchical nature and relationship between secondary and primary care health professionals; the lack of professional status of primary care in a number of countries compounds the problem. It is timely to examine system issues and examples of models of care that are impeding the evolution of these partnerships.

This series of papers hopefully will also stimulate debate on the role of primary care health professionals in improving implementation of guidelines – a role which has been highlighted recently.[13] An important emphasis will be on the primary care settings in developing countries where issues such as cultural influences, individual beliefs and health needs,[14,15] the cost of medications, and access to inadequate medical resources, cannot be ignored.[16] This is further complicated by the meagre financial resources available to patients and therefore the challenges in offering continuity of care where patients have episodic experience of healthcare – determined by the resources they have available at the time.

Government-imposed policy initiatives that have never been formally tested in primary care are in our opinion a

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waste of crucial resources and energy.[17] Conversely, models of respiratory care which are successful – such as nurse-led asthma clinics first implemented in the UK[18-20] – can inform debates in other countries. Countries that are more dependent on privately-funded primary care – for example, Australia – have recently moved to nurse-led models.

The first review in the series, by Nicholas Glasgow,[21] is published on page 19 and describes the Australian model of care. Reviews on Canada and Pakistan will follow in the next two issues. By using this framework, the Journal aims to highlight and prioritise areas where more intra- and inter-country comparison will benefit the debate and allow the sharing of information across the world. We aim to stimulate new research questions for each country in the hope that researchers in individual countries can then use their research findings to inform policy makers. Three or four of the papers in this series will be presented at the IPCRG International meeting in Seville in May, 2008 (http://ipcrg-seville2008.unicongress.com/).

References

1. Haahtela T, Klaukka T, Koskela K, Erhola M, Laitinen LA; Working Group of the Asthma Programme in Finland 1994-2004. Asthma programme in Finland: A community problem needs community solutions. *Thorax* 2001; **56**(10):806-14.
2. GINA. The Global Strategy for Asthma Management and Prevention, Global Initiative for Asthma (GINA) Updated 2006. Available from: http://www.ginasthma.org. 2007Available from: URL: http://www.ginasthma.org
3. National Institutes of Health NHLaBI. Global Strategy for the Diagnosis, Management and Prevention of COPD, Global Initiative for Chronic Obstructive Lung Disease (GOLD) 2007. 2007 [cited 2004 Jan 9];Available from: URL: http://www.goldcopd.com/
4. Bousquet J, van Cauwenberge P, *et al.* Allergic Rhinitis and its Impact on Asthma (ARIA). 2007 [cited 2008 Feb 8];Available from: URL: www.whiar.com
5. Levy ML, Fletcher M, Price DB, Hausen T, Halbert RJ, Yawn BP. International Primary Care Respiratory Group (IPCRG) Guidelines: Diagnosis of respiratory diseases in primary care. *Prim Care Resp J* 2006;**15**(1):20-34. doi:10.1016/j.pcrj.2005.10.004
6. Price D, Bond C, Bouchard J, *et al.* International Primary Care Respiratory Group (IPCRG) Guidelines: Management of allergic rhinitis. *Prim Care Resp J* 2006; **15**(1):58-70. doi:10.1016/j.pcrj.2005.11.002
7. van Schayck CP, Levy ML, Stephenson P, Sheikh A. The IPCRG Guidelines: Developing guidelines for managing chronic respiratory diseases in primary care. *Prim Care Resp J* 2006;**15**(1):1-4. doi:10.1016/j.pcrj.2005.12.003
8. Tomlins R. International Primary Care Respiratory Group (IPCRG) Guidelines: Dissemination and Implementation - A proposed course of action. *Prim Care Resp J* 2006;**15**(1):71-4. doi:10.1016/j.pcrj.2005.11.004
9. van Der Molen T, İstrem A, Stallberg B, Ostergaard MS, Singh RB. International Primary Care Respiratory Group (IPCRG) Guidelines: Management of asthma. *Prim Care Resp J* 2006;**15**(1):35-47. doi:10.1016/j.pcrj.2005.11.001
10. Bellamy D, Bouchard J, Henrichsen S, *et al.* International Primary Care Respiratory Group (IPCRG) Guidelines: Management of Chronic Obstructive Pulmonary Disease (COPD). *Prim Care Resp J* 2006;**15**(1):48-57. doi:10.1016/j.pcrj.2005.11.003
11. Lancaster T, Stead LF. Physician advice for smoking cessation. Cochrane Database of Systematic Reviews 2004.Issue 4. Art. No.: CD000165 pub 2. 2004Available from: URL: DOI: 10.1002/14651858
12. IPCRG. Tackling the smoking epidemic. 2008 [cited 2008 Feb 11];Available from: URL: http://www.theipcrg.org/smoking/intro.php
13. Levy ML. Guideline-defined asthma control: a challenge for primary care. *Eur Resp J* 2008;**31**:229-31.
14. Maslow AH. A Theory of Human Motivation. *Psychological Review* 1943;**50**: 370-96.
15. IPCRG. International Primary Care Respiratory Group (IPCRG): Exchanges work on sharing and comparing primary care respiratory practice and belief across the world. 2008Available from: URL: http://www.theipcrg.org/ipcrgexchanges/index.php
16. Global Alliance Against Chronic Respiratory Diseases: Global srveillance, prevention and control of chronic respiratory diseases: a comprehensive approach 2007. Available from URL: http://www.who.int/gard/publications/GARD_Manual/en/index.html
17. Beilby J, Holton C. Chronic disease management in Australia: evidence and policy mismatch, with asthma as an example. *Chronic Illness* 2005;**1**:73-80.
18. Levy ML, Stephenson P, Barritt P, *et al.* The UK General Practice Airways Group (GPIAG): its formation, development, and influence on the management of asthma and other respiratory diseases over the last twenty years. *Prim Care Resp J* 2007;**16**(3):132-9. doi:10.3132/pcrj.2007.00042
19. Barnes G. Nurse run asthma clinics in general practice. *J Roy Coll Gen Pract* 1985;**34**: 447. 1985.
20. Charlton I, Charlton G, Broomfield J, Mullee MA. Audit of the effect of a nurse run asthma clinic on workload and patient morbidity in a general practice. *Br Jnl of Gen Pract* 1991;**41**:227-31.
21. Glasgow N. Systems for the management of respiratory disease in primary care - an international series: Australia. *Prim Care Resp J* 2008;**17**(1):19-25. doi:10.3132/pcrj.2008.00015

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