



COPD PROVIDER EDUCATION PILOT PROJECT

Roger S. Goldstein, Dilshad Moosa

University of Toronto, Department of Medicine and Physical Therapy, The Lung Association, Toronto, Ontario

ABSTRACT

Rationale: By providing continued medical education on COPD to primary health care professionals, it is anticipated that they will be able to detect COPD at an earlier stage of disease, use spirometry for diagnosis and monitoring and manage their COPD patients based on the CTS COPD guidelines. The Ministry of Health and Long Term Care (MHLTC) funded the COPD Provider Education Pilot Project (CPEPP) as a secondary goal of the COPD Pilot Demonstration Project, to develop, implement and evaluate a strategy for providing continuing medical education on COPD to primary health care providers. The hypothesis is that after exposure to the COPD Provider Education Pilot Project (CPEPP) workshops, attendees will be able to identify, diagnose and manage COPD in accordance with evidence based CTS COPD guidelines.

Methods: A standardized, two part workshop-a 30-minute specialist presentation and 90 minutes of family physician facilitated, interactive case discussions, was developed. The program was accredited by the Canadian College of Family Physicians. Outcome measures included a pre-workshop and a post workshop assessment, a workshop evaluation, and a post-reflection evaluation in which participants were asked how their practice had been affected by their completed workshop 3 months previously. The 9 workshop assessment items were scored on a per question basis, with a maximum score of 13.

Results: The 3 workshops, conducted in Toronto, Ottawa and St Sault Marie, were attended by 19 physicians and 55 allied health professionals. The mean pre-assessment score was 8.6 ± 2.8, which improved to 10.6 ± 2.0 at the post-assessment (p=0.013, paired t-test). The workshops were highly rated and 89% of participants stated that they would recommend them to a colleague. The use of spirometry in COPD was identified by 44% of respondents pre-workshop and 70% in the post assessment. An appropriate pharmacological strategy was identified by 23% of respondents pre-workshop and 65% in the post assessment. Further descriptive information will be summarized in the poster.

Conclusions: Knowledge gaps in COPD management, exist among health care providers. Participants demonstrated a need for improved COPD knowledge and skills, which could be partially addressed by workshops. Participants would recommend the workshop to a colleague, and remained satisfied with the impact of the workshop, 3 months later.

BACKGROUND

The COPD pilot demonstration project builds on the success of the Primary Care Asthma Pilot Project for improving the management of asthma in the community. COPD is often not identified in its early stages and COPD management frequently occurs without reference to national guidelines developed by the Canadian Thoracic Society (CTS). Whether earlier recognition and more effective management of COPD will have important downstream effects on health care utilization and health related quality of life remains to be determined. However, it is likely that provider education will be a valuable tool for increasing knowledge among healthcare professionals.

PURPOSE

- The COPD Provider Education Pilot Project (CPEPP) consists of the development and implementation of a strategy for providing continuing medical education on COPD to primary health care professionals.
- A standardized curriculum covers both a lecture and a physician-led group discussion on case examples.

METHODS

- CME program designed by professional experts (Respirologists, Family Physician, COPD Educator, Provider Education Manager)
- 3 hour evening workshop
- 30 minute lecture by specialist using a standardized slide kit
- 90 minute interactive case discussions led by trained primary care facilitator
- Accredited by Ontario College of Family Physicians (2.5 MainPro C CME credits)
- Case based assessment-immediately pre and 1 month post-workshop.
- 3-month post-reflective evaluation
- Delivered at 3 Ontario community health centers: Toronto, Sault Ste. Marie, and Merrickville.

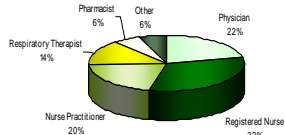
STATISTICAL ANALYSIS

Data summarized as frequency responses or mean ± SD. Differences between groups were determined by unpaired t-tests and Chi squared analyses.

RESULTS

Between April and May 2006, 14 physicians and 55 allied health professionals, attended the pilot workshops. At the end of the workshop, a total of 55 attendees completed a workshop evaluation. Both physicians and allied health indicated satisfaction with the workshop, with 50% stating they were very satisfied and 46.4% stating they were extremely satisfied. The Mean (SD) score for workshop satisfaction was 4.39 (.69). 96.4% of respondents indicated that their confidence level in the management of COPD had increased.

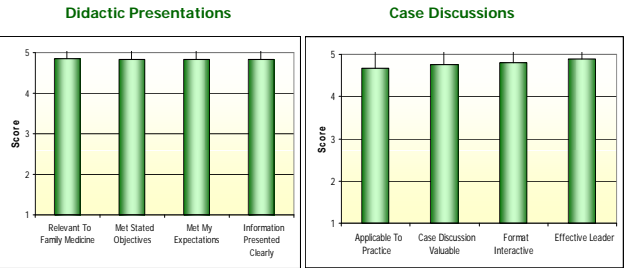
Health Care Profession of Attendees



Study Sample

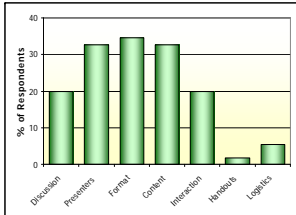
	Workshop Evaluations		Assessments		Post-Reflective Evaluations
	Pre	Post	Pre	Post	
Physicians	Submitted n (%)	Submitted n (%)	Submitted n (%)	Submitted n (%)	Submitted n (%)
Allied Health	12 (21.8)	11 (28.9)	7 (35.0)	6 (35.3)	7 (25.0)
TOTAL	43 (78.2)	27 (71.1)	13 (65.0)	11 (64.7)	21 (75.0)

Workshop Evaluations (n=55)



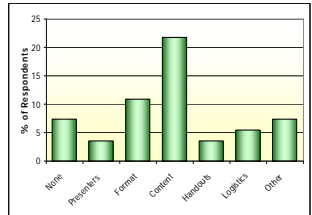
Strengths of Program

- 43 (78.2) respondents identified a strength of the program

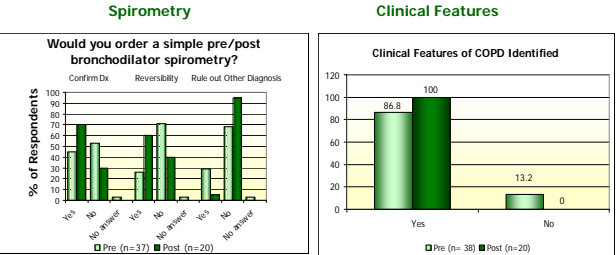


Weakness of Program

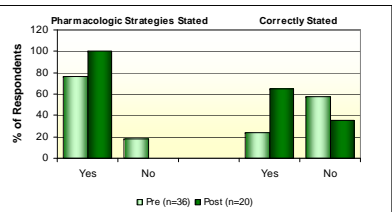
- 28 (50.9) respondents identified a weakness of the program



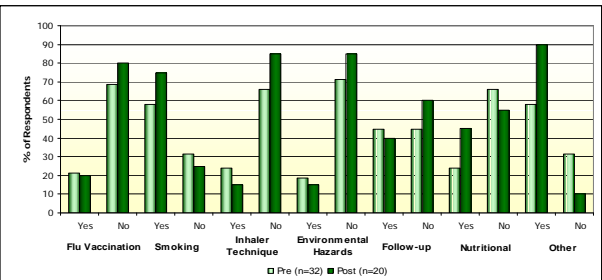
Pre and Post Workshop Assessments



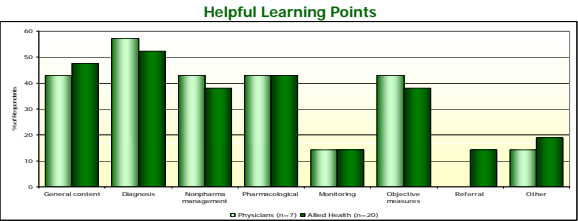
Approach to Pharmacologic therapy



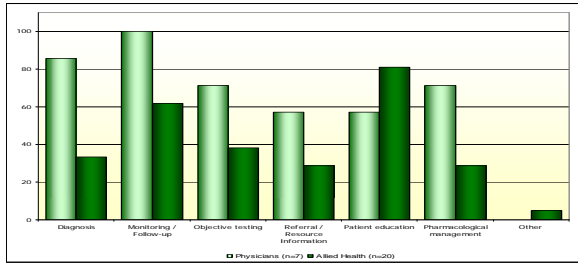
Non-Pharmacologic Strategies



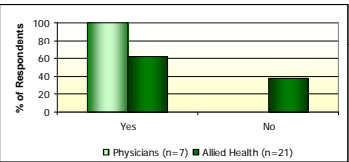
Post-Reflective Evaluations (n=28: 7 Physicians and 21 Allied Health)



Reported Influence on Practice



Spirometry Utilization



CONCLUSIONS

- The use of spirometry in COPD was identified by 44% of respondents pre workshop and 70% in the post assessment.
- Primary care providers rated this Pilot COPD CME program highly, 89% would recommend it to a colleague, 50% stated they were very satisfied and 46.4% stated they were extremely satisfied with the workshop 3 months later.
- 96.4% of respondents reported improved confidence in COPD management, 3 months following the program.

IMPLICATIONS

This program may lead to improvements in primary health care provider COPD practice patterns, an increase in the use of spirometry for diagnosis and monitoring and ultimately an improvement in patient outcomes.

Funding provided by the Ministry of Health and Long-Term Care, Government of Ontario