

Primary Care Asthma and COPD Program

Generic Program Standards Checklist

The following Asthma and COPD program standards are recommended to be implemented in all primary care sites implementing the **Primary Asthma Care Program (PCAP)** to support **Continuous Quality Improvement** and guideline-based practice.

Recommended Program Standards	Implementation: Partial = P Full = F Not at All = N	Comments Challenges/Barriers
General Program Standards		
<p>1. Asthma: Paediatric and adults suspected of having asthma should be assessed, diagnosed, and managed using the Asthma Care Map (ACM) for Primary Care which is based on the recommendations in the Canadian Thoracic Society (CTS) Asthma Management Continuum Respiratory Guidelines (1). The ACM will be updated to reflect changes in the CTS guidelines.</p>		
<p>COPD: Adults who are suspected to have COPD should be assessed and diagnosed. Once diagnosed, clients with COPD should be managed using the COPD Care Map (CCM) for Primary Care which is based on the Canadian Thoracic Society (CTS) recommendations for the diagnosis and management of COPD (8). The CCM will be updated to reflect changes in the CTS guidelines.</p>		
<p>2. There will be a plan for training and</p>		

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<p>communication of the Health Care Providers (HCP) involved in PCAP to ensure that the site staff has a level of understanding of the generic program standards consistent with their roles and responsibilities.</p>		
<p>3. Healthcare professionals will provide PCAP within their scope of practice as regulated in Ontario by the Regulated Health Professions Act.</p>		
<p>4. All clients will be provided with a written action plan for Asthma or COPD as appropriate</p>		
<p>Spirometry/Diagnosis</p>		
<p>5. Spirometry*, pre- and post-bronchodilator, in accordance with American Thoracic Society/European Respiratory Society standards (4), will be used as the primary objective measure for the diagnosis, monitoring and management of Asthma and/or COPD.</p>		
<p>6. Asthma: If spirometry is not used for diagnosis and monitoring, a notation as to the reason why the use of an alternative</p>		

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<p>method of diagnosis/monitoring should be made in the client's chart (e.g. "client cannot perform spirometry"). In the absence of objective testing (such as for children < 6 years of age, whom it is not possible to routinely assess lung function) a careful history and physical examination are used to differentiate Asthma from other causes of episodic respiratory symptoms (1,2,3).</p> <p>Alternative testing consistent with CTS guidelines will be initiated at the discretion of the client's primary care provider and where resources are available. Measurements of airway hyperresponsiveness to Methacholine challenge, Peak Expiratory Flow (PEF) for clients > 6 years of age, or exercise challenge testing may be useful in diagnostic dilemmas, such as individuals with persistent asthma symptoms despite normal spirometry, and to evaluate work-related asthma (1).</p>		
<p>7. COPD: Diligent screening for the detection of early signs of COPD is recommended to identify the early diagnosis. Who should be screened? Please refer to the Canadian Lung Health Test (8).</p>		

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<p>According to CTS guidelines, spirometry must be used to confirm the diagnosis of COPD. Post-bronchodilator, airflow obstruction must be noted - FEV1/FVC ratio < Lower Limit of Normal (LLN)** (or < 0.70 if LLN is not available) (8).</p>		
<p>8. The assessment for asthma or COPD should include the explicit ruling out of other possible diagnoses responsible for asthma or COPD-like symptoms (1,8)</p>		
<p>Asthma and COPD Management/PCAP Tools and other resources</p>		
<p>9. All asthma and COPD clients, together with their family/caregivers, will be active partners in the management of their disease and in the creation of an individual action plan. (1,8)</p>		
<p>10. Asthma and COPD education materials provided to the client to take home will be evidence-based, consistent with the CTS guidelines, and will strive to be age, culturally appropriate and provided in a language and format understood by the client as available.</p>		
<p>11. The PCAP site will use a variety of site and community resources to reinforce the program standards.</p>		

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<p>12.A successful asthma or COPD education program consists of a partnership between the client and Health Care Provider (HCP) regarding the goals of treatment and ongoing follow-up to achieve and maintain optimal control of the client's lung health. Follow-up should be determined by the HCP on an individual basis. The content of the education session should refer to the CTS guidelines reflected in the care maps and algorithms.</p>		
<p>13.Both Asthma and COPD clients will receive smoking cessation counseling when appropriate. Respiratory educators should be trained in smoking cessation counseling.</p>		
<p>14.The PCAP resources will aid in clinical decision-making and guide the patient towards self-management of their disease. Client assessment may occur over an average of 1-4 visits. However, some patients who have severe disease or other issues that impact on achieving control of their asthma and/or COPD may require additional visits. The PCAP resource catalogue includes:</p> <p>Asthma: Asthma Care Map (ACM) for</p>		

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<p>Primary Care, Asthma Action Plan, and the Asthma Diagnosis and Treatment Algorithm COPD: COPD Care Map (CCM) for Primary Care, COPD Action Plan, and the COPD Diagnosis and Treatment Algorithm</p> <p>Note: a variety of resources will be available in addition to the stated above. Refer to http://www.on.lung.ca/PCAP</p>		
<p>15. The HCP should explore barriers to adherence at each visit. These may include cost of drugs, timing of administration, beliefs of non-effectiveness, concerns regarding side effects, and forgetfulness. Providers should ensure that patients comprehend the name, purpose, duration of treatment, dosing schedule and possible adverse effects of each asthma or COPD medication prescribed (1,8)</p> <p>If a client is unable to purchase asthma or COPD medications and devices as prescribed by site staff due to financial burden, the staff of the site will try to assist the client to access these medications and devices through available programs (e.g. Trillium Drug Program, compassionate access programs).</p>		

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Permission & Proper acknowledgement is required in any modification of the PCAP Tools as per PCAP.

Approvals:

Approved by Design Task Force: July 11, 2002

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References:

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