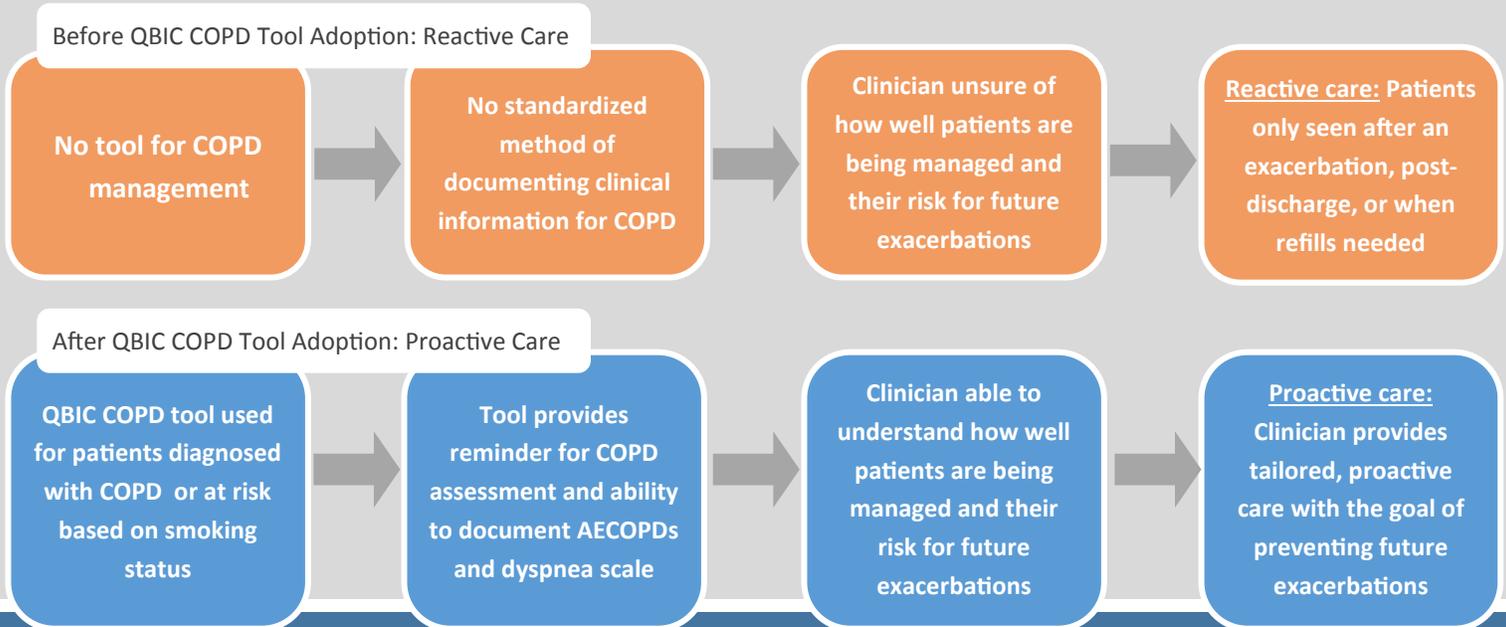


Background

There are over 1.5 million Canadians who have been diagnosed with Chronic Obstructive Pulmonary Disease (COPD), while as many as 1.6 million may remain undiagnosed (CTS, 2010). COPD accounts for the highest rate of hospital admission among major chronic illnesses in Canada (CTS, 2010). Appropriate diagnosis and management of the condition is key in reducing COPD hospitalizations. An important part of COPD management is the documentation of clinical information on factors such as the number of acute exacerbations of COPD (AECOPD) per year and where a patient falls on the dyspnea scale, which helps a clinician determine how well the patient's COPD is being managed and their risk for future exacerbations (Müllerova et al., 2015).

The eHealth Centre of Excellence's QBIC (Quality Based Improvements in Care) program has created a COPD EMR decision support tool that guides clinicians through application of best practices and consistent documentation for COPD, supporting proactive care through informed decision making and appropriate steps to improve patient's disease trajectory.

In 2016, QBIC's COPD form (see box, left) was adopted by the Guelph Family Health Team (FHT) as an element of a quality improvement initiative to reduce readmissions for COPD. The figure below illustrates the care process before and after COPD tool adoption.



"Improving documentation is the first step towards understanding how well or sick my patients are, and therefore what management is required to improve their health. By using this tool, I have had more conversations with patients regarding possible COPD, which has led to more testing to confirm diagnosis and smoking cessation referrals."

- Dr. Joan Mackenzie Chan, MD CCFP

What were the benefits?

At the clinics within the Guelph FHT who opted to use the QBIC COPD tool, over 3.5 times more COPD patients have AECOPD documentation and almost 2.5 times more COPD patients have dyspnea scale documentation, compared to when the tool started to be used (see graphs, right).

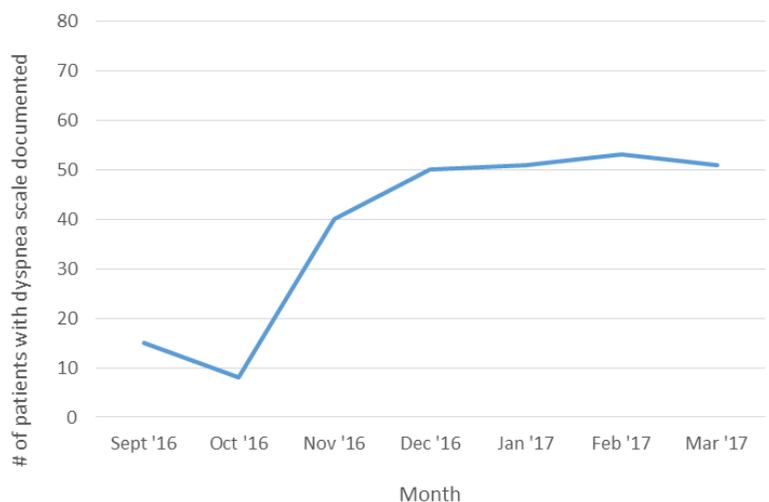
Dr. Chan used the tool for 88% of her diagnosed COPD patients. She found that having these clinical values documented in a consistent way improves the organization of COPD-related patient information and enables proactive management of the patient's condition. Improving documentation has enabled Dr. Chan to better understand how well or sick her patients are. She can then make a better informed decision as to what type of management is required to improve their health.

The experience of implementing the COPD tool prompted Dr. Chan's clinic to adopt a new workflow to enhance patient care; a primary care nurse clinician is now a part of each COPD visit, with a focus on patient education for self-management.

Documentation of AECOPD



Documentation of Dyspnea Scale



Program description



QBIC (Quality Based Improvements in Care) is a program hosted by the eHealth Centre of Excellence (eCE) in the Idea Quarter of Waterloo, Ontario. The objective of QBIC is to improve the health and wellness of Waterloo Wellington residents by supporting primary care clinicians to realize greater value out of existing ehealth technologies.

The program's highly qualified team of Change Management Specialists offer free ehealth coaching sessions and workshops to clinicians across the region, either one on one, or in a group. They also work with system partners — such as the Ontario Renal Network, Cardiac Care Network, and Centre for Effective Practice — to develop EMR decision support tools integrating best practices.

For more information on QBIC's range of services, please contact QBIC Program Manager Danika Walden, at Danika.Walden@ehealthCE.ca. A full catalogue can be found at: www.ehealthce.ca/QBIC.

Works cited:

1. Canadian Thoracic Society. (2010). The Human and Economic Burden of COPD. Retrieved from: <http://www.respiratoryguidelines.ca/the-human-and-economic-burden-of-copd-a-leading-cause-of-hospital-admission-in-canada>
2. Müllerova, H., Maselli, D. J., Locantore, N., Vestbo, J., Hurst, J. R., Wedzicha, J. A., ... Wallack, R. Z. (2015). Hospitalized exacerbations of COPD: Risk factors and outcomes in the ECLIPSE cohort. *Chest*, 147(4), 999-1007. DOI: 10.1378/chest.14-0655

If you have questions about this Benefits Realization (BR) case study, please contact Lirije Hyseni, BR Specialist at the eHealth Centre of Excellence, at: Lirije.Hyseni@ehealthCE.ca.

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