

WEDNESDAY, SEPTEMBER 28TH 2011

Section, Medical School, University of Edinburgh, Edinburgh, United Kingdom; ²Centre for Integrated Healthcare Research, School of Nursing, Midwifery, and Social Care, Edinburgh Napier University, Edinburgh, United Kingdom

Background: Early identification of exacerbations in COPD reduces hospital admission and may slow disease progression. There is increasing interest in telemedicine to support timely self-management of exacerbations. The TELESCOT randomised control trial based in Lothian, Scotland, is investigating the impact of a tele-monitoring service for COPD.

Aims: To explore the views of patients and professionals participating in the trial about the impact of telemetry on hospital admissions.

Method: We undertook semi structured interviews with patient and professional participants at different time points in the TELESCOT COPD trial. Transcribed, coded data was analysed thematically. Interpretation was supported by multidisciplinary discussion.

Findings: 38 patients (47% male, mean age 67.5 years) and 32 professionals provided 70 interviews. Both patients and professionals considered that home tele-monitoring reduced the risk of hospital admission. Patients used teledata to determine their state of health and to validate their decision to contact healthcare professionals earlier in order to prevent admission. Professionals emphasised the role of telemetry in encouraging compliance and facilitating patient self management as a means of reducing admissions, though they also expressed concern that telemonitoring may increase patient dependence on services. The impact on the cost of services was a concern.

Conclusions: Enthusiasm for tele-monitoring as a means of reducing admissions is tempered by concerns about increased demand on support services.

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P4987

Electronic patient record as a facilitator to guideline based asthma management

Jean Holohan, Louis Coyne, Francis Guiney, Pat Manning, Basil Elnazir, Eamonn Shanahan, Terry O'Connor, Muireann Ni Chroinin, Netta Williams, Rhonda Forsythe, Pamela Logan. *Research and Education, Asthma Society of Ireland, Dublin, Ireland; Respiratory, HSE Regional Hospital Mullingar, Mullingar, Ireland; Paediatric Respiratory/General Medicine, Adelaide and Meath National Children's Hospital, Tallaght, Dublin, Ireland; General Practice, Farranfore Medical Centre, Farranfore, Killarney, Ireland; Respiratory, Mercy University Hospital, Grenville Place, Cork, Ireland; Paediatric Respiratory, Cork University Hospital, Wilton, Cork, Ireland; Professional Development Coordinator for Practice Nursing, Health Service Executive Dublin North East, Swords, Ireland; Director of Pharmacy Services, Irish Pharmacy Union, Dublin, Ireland*

Prior to the initiation of this project there was no consistent guideline based approach to an asthma consultation in primary care in Ireland. There is a variety of practice management systems but no consistent asthma module leading to variations in asthma management.

The Asthma Society of Ireland (ASI) collaborated with the Irish College of General Practitioners (ICGP) to develop locally modified GINA Guidelines as an initial step to developing an asthma specific Electronic Patient Record (EPR). The EPR was tested in 25 primary care sites; attitudes towards the EPR were evaluated using a 5 point Likert Scale.

The EPR captured demographic data, guided the consultation along a guideline based pathway through diagnosis, lung function tests, evaluation of asthma control according to GINA status, recorded medication and flu vaccinations, aided treatment selection in a step by step approach, identified patient educational priorities and objectives for next consultation. Data could be extracted to form a standardised referral letter to A&E or consultant. It provided a platform to develop personal action plans for the patient.

Healthcare professionals (HCP) found the EPR easy to use (65%). EPR aids diagnosis (68%), assessment (90%), treatment selection (82.5%), and monitoring control (80%), facilitates patient education (85%) and helps with development of personal action plans (65%).

HCP in primary care agreed that an asthma specific EPR facilitates guideline based asthma management. This EPR will provide the template for an asthma module in practice management systems in Ireland and ASI has engaged with stakeholders on the module development.

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The effect of integrated care on asthma control

Maarten Prinsen¹, Ellen Van Heijst², Siegrid Schokker¹, Corina de Jong¹, Roland Riemersma¹, Jan Willem Kocks¹, Thys van der Molen¹. ¹Department of General Practice, University Medical Center Groningen, Groningen, Netherlands; ²Asthma and COPD Service, LabNoord, Groningen, Netherlands; ³Groningen Research Institute for Asthma and COPD, University Medical Center Groningen, Groningen, Netherlands

Background: Integrated care of respiratory patients has often been advocated, however, the effect on patient outcome is not clear.

Objective: To describe the effect of an integrated care system on asthma control.

Method: We developed an integrated care system for communication between pulmonologists and General Practitioners (GP). In this system patients with res-

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Perspectives of patients and healthcare professionals on the impact of telemedicine on hospital admissions for chronic obstructive pulmonary disease (COPD): A nested qualitative study

Peter Fairbrother¹, Hilary Pinnock¹, Janet Hanley², Lucy McCloughan¹, Allison Todd¹, Brian McKinstry¹. ¹Centre for Population Health Sciences - GP

piratory problems complete questionnaires (history, control and health status) and visit the laboratory for spirometry. These data are collected and uploaded to a central server. Based on these data without seeing the patient and supported by a decision support system the pulmonologists (n=9) give advice about diagnosis and treatment to the GP (n=250), who treats the patient.

Results: From a total of 7877 patients referred to our integrated care system 3721 patients were diagnosed with asthma. In 889 of these patients ACQ data were available at baseline and follow up. The median ACQ scores at baseline (1.0) proved to be significantly different from the median ACQ scores of the follow up visit (0.7) ($Z = -8.81, p < 0.001$). Improvement of asthma control \geq MCID (0.4) was measured in 32% of patients (n=284). Additionally the results showed deteriorated asthma control in 15% of patients (n=134) and unchanging asthma control in 51% of patients (n=454).

Table 1. Amount of patients per ACQ cut-off value per visit

		Baseline	Second visit
ACQ Cut-Off	<0.75 Stable	Frequency 373	496
		Percent 42	55,8
0.75-1.50	Frequency 251	199	
	Percent 28,2	22,4	
>1.5 Unstable	Frequency 265	194	
	Percent 29,8	21,8	

Patients grouped per ACQ cut-off per visit.

Conclusions: This integrated care model improved asthma control.

P4989

Telespirometry in the Netherlands

Christian F. Melissant¹, Joep Hoevenaars². ¹Pulmonology, Spaarne Hospital, Hoofddorp, Netherlands; ²Telemedical Centre, Ksyos, Amstelveen, Netherlands

Diagnosing obstructive pulmonary disease has proven difficult in primary practice, leading to incorrect referrals. In telespirometry general practitioners (GPs) digitally consult pulmonologists for advice on spirometry. We hypothesized, that telespirometry, applied after patient selection by the GP, would reduce referrals and improve triage of referrals.

GPs log on to a secured web-based teleconsultation system (KSYOS) and send a lung function (PDF) and - voluntarily - some clinical information to the pulmonologist. Its purpose was to ask advice or to prevent referral. 293 closed teleconsultations were analyzed.

The GP answers two quality indicators, before (Q1) and after (Q2) each teleconsultation:

(Q1-) Without telespirometry, would you have referred this patient to the hospital?
(Q2-) Will you refer this patient to the hospital?

Quality indicator results

	Q2 = yes	Q2 = no	Total
Q1 = yes	26	75	101
Q1 = no	42	150	192
Total	68	225	293

n=293.

Of the total 101 teleconsultations intended for referral, 75 referrals (74%) were prevented. Of 192 teleconsultations intended for advice (2/3 of all teleconsultations), 42 patients (22%) were referred after teleconsultation.

Although still small numbers, this analysis shows a reduction in referrals to the pulmonologist, which in times of necessary cost-reduction is very interesting and helpful for insurance companies. Furthermore, teleconsultations showed initially unforeseen referrals, consisting of patients having a pulmonary disease, who needed to be investigated more properly in hospital.

P4990

RECODE: RCT on effectiveness of integrated COPD management in primary care

Annemarije Kruis¹, Melinde Boland², Pim Assendelft¹, Jacobijn Gussekloo¹, Apostolos Tsiachristas², Maureen Rutten², Jaap Sont³, Niels Chavannes¹.

¹Public Health and Primary Care, Leiden University Medical Centre, Leiden, Netherlands; ²Institute for Medical Technology Assessment, Erasmus University, Rotterdam, Netherlands; ³Medical Decision Making, Leiden University Medical Centre, Leiden, Netherlands

Background: There is insufficient evidence of the (cost)effectiveness of primary care COPD disease management programmes.

Aim and objective: To evaluate the (cost)effectiveness of an ICT-supported, integrated, multidisciplinary disease management program for primary care COPD patients. We expect health care providers to improve inter-collegial communication, personalized treatment planning and better adherence to guidelines. As a result, we expect quality of care and quality of life in patients to improve.

Methods: The study has a two-group cluster-randomized design in which 40 clusters of primary care teams are being randomized. Required sample size is 1080 COPD patients, in accordance with GOLD. Few exclusion criteria are applied. The

intervention consists of a multidisciplinary course (2 days) in which primary care givers (general practitioners, practice nurses, physiotherapists, dieticians) within a particular region are trained as a team. The course will emphasize efficient task delegation within the team, active patient involvement in treatment planning, and designing time-contingent practice plans. Primary outcome is difference in health status as measured by Clinical COPD Questionnaire (CCQ). Programme costs, costs of healthcare utilization and productivity loss will also be calculated. Primary endpoint is at 12 months, while total study duration is two years.

Results: Until now 496 patients have been included, which preliminary baseline means of FEV1/FVC ratio 56%, FEV1 65% predicted, CCQ score 1.65, MRC score 2 and EQ-5D score 0.71.

Conclusion: The RECODE study is a cluster randomized trial which will provide insight in the cost-effectiveness of this particular primary care COPD disease management programme.

P4991

Diagnosing COPD and asthma in primary care in Israel – The challenge and the change

Eithan Brodsky, Sigal Ringel, Meir Raz. Jerusalem and Shfela District, Maccabi Healthcare Services, Tel Aviv, Israel

Background: Under-diagnosis and misdiagnosis of COPD and Asthma leads to inadequate treatment and incorrect use of healthcare resources. Maccabi Healthcare Services, one of the leading HMOs in Israel, has decided to promote the correct diagnosis by the primary physician and to establish a computerized patient register based on validated diagnoses.

Objectives: 1. To increase the ability of diagnosing COPD and Asthma at the primary care level. 2. To validate the currently exist diagnoses that in the medical files. 3. Diagnostic standardization and later – treating these diseases according to the standard clinical guidelines.

Methods: 1. Developing the ability to conduct spirometry in Maccabi clinics, according to the referral of primary physicians or Allergy or Pulmonology specialists. 2. Developing a flow process to interpret and report spirometry results in the patient's central medical records by Pulmonology specialists. 3. Establishing a computerized register of COPD and Asthma patients. 4. Training among designated technicians and increasing knowledge and awareness among primary physicians regarding validated diagnosis of lung diseases.

Results: Since the inception of the service at the end of 2009, spirometry devices were placed in 13 primary care clinics in the Jerusalem and Shfela region, approx. 2200 patients underwent a spirometry examination, and an computerized register based on validated diagnoses is currently being completed.

Conclusions: Early diagnosis among high-risk populations will promote appropriate treatment. Validation of the diagnoses will enable the system to properly deal with the more accurate level of the rising morbidity of COPD and Asthma.

P4992

Successful implementation of asthma guidelines in Thailand: The Easy Asthma Clinic model

Watchara Boonsawat. Srinagarind Hospital, Khon Kaen University, Khon Kaen, Thailand

Introduction: Asthma management guidelines were published in Thailand in 1994 and revised in 1997 following the publication of the GINA guidelines. However, the audit made by the National Health Security Office (NHSO) showed that asthma management in Thailand fell short of the goals determined for long-term asthma care indicated the failure of guidelines implementation.

Method: We have developed Easy Asthma Clinic Network as a model to enhance the implementation of GINA guidelines in Thailand since 2004. Easy Asthma Clinic runs by GPs in general hospitals. In the clinic we simplified asthma guidelines and organized the system to facilitate the team work, emphasized the role of nurses and pharmacists to help doctors. We also developed on-line web database for registering and monitoring patients. In 2009 NHSO support the set up of Easy Asthma Clinic in all hospitals in Thailand.

Results: Easy Asthma Clinic was set up in more than 900 hospitals in Thailand. 99,535 asthmatics were registered with 548,583 visits. Easy asthma clinics improve quality of asthma care in general hospitals. Peak flow measurement were improved from 1.08% to 98.47% of the visits. Inhaled corticosteroids used increased 10.92% to 79.30%. Asthma controlled were achieved in 23.19% of visits and partly controlled in 46.35%.

Conclusions: Setting up Easy Asthma Clinic help implementation of asthma guidelines in Thailand.

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The effect of integrated care on health status in COPD

Maarten Prinsen¹, Ellen Van Heijst², Siebrig Schokker¹, Corina de Jong¹, Roland Riemersma¹, Jan Willem Kocks¹, Thys van der Molen¹. ¹Department of General Practice, UMC Groningen, Groningen, Netherlands; ²Asthma and COPD Service, LabNoord, Groningen, Netherlands; ³Groningen Research Institute for Asthma and COPD, UMC Groningen, Groningen, Netherlands

Background: Integrated care of respiratory patients has often been advocated. However, the effect on outcome in COPD patients is unclear.

Objectives: To describe the effect of advice from an integrated care system on health status in COPD patients.

Method: We developed an integrated care system in which pulmonologists provide diagnostic support to the General Practitioner (GP). Patients with respiratory problems complete questionnaires (history, control and Clinical COPD Questionnaire (CCQ)) and visit the laboratory for spirometry. These data are collected and uploaded to a central server. Based on these data without seeing the patient and supported by a decision support system the pulmonologists (n=9) give advice about diagnosis and treatment to the GP (n=250) who treats the patient.

Results: From 7877 patients referred to the integrated care system 1331 patients were diagnosed with COPD. In 310 of these patients CCQ data were available both at baseline and follow up (3 months or 1 year). The median CCQ score of the baseline visit (1.1) proved to be significantly different from the median CCQ scores on the second visit (1.0) ($Z = -2.48$, $p = 0.013$). Improvement of health status \geq the minimal clinical important difference (MCID) of 0.4 was measured in 27% of patients (n=82). Deteriorated health status \geq the MCID was reported by 29% of patients (n=91). 44% of patients reported unchanging health status (n=135).

Discussion: This integrated care model where the pulmonologist directly advises the GP provided an overall statistical significant improvement of COPD health status. Clinical implications however are unclear.

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Healthcare professional attitudes towards asthma guidelines in primary care

Jean Holohan, Louis Coyne, Francis Guiney, Pat Manning, Basil Elnazir, Eamonn Shanahan, Terry O'Connor, Muireann Ni Chroinin, Netta Williams, Rhonda Forsythe, Pamela Logan. *Research and Education, Asthma Society of Ireland, Dublin, Ireland; Respiratory, HSE Regional Hospital Mullingar, Mullingar, Ireland; Paediatric Respiratory/General Medicine, Adelaide and Meath National Children's Hospital, Tallaght, Dublin, Ireland; General Practice, Farranfore Medical Centre, Farranfore, Killarney, Ireland; Respiratory, Mercy University Hospital, Grenville Place, Cork, Ireland; Paediatric Respiratory, Cork University Hospital, Wilton, Cork, Ireland; Professional Development Coordinator for Practice Nursing, Health Service Executive Dublin North East, Swords, Dublin, Ireland; Director of Pharmacy Services, Irish Pharmacy Union, Dublin, Ireland*

Implementation of guidelines in primary care can be challenging but are essential to reduce the burden of asthma for patients and health service providers and to reduce morbidity and mortality and to deliver cost effective care.

The Asthma Society of Ireland (ASI) in conjunction with the Irish College of General Practitioners (ICGP) locally adapted the GINA Guidelines as a first step to providing guidelines based asthma management in primary care. The ASI funded and developed a guideline based program to evaluate healthcare professional (HCP) attitudes to these guidelines and ensure user buy in prior to national implementation.

25 primary care teams participated in the program. The HCP completed guideline based education and practical training. Patients were recruited to follow the asthma management program for 6 months. HCP were asked to evaluate both educational and training components and practical resources provided for the program. Attitudes towards guideline implementation were evaluated using a 5 point Likert Scale.

Final analysis of HCP survey in response to the locally modified guideline (89% response rate) showed guidelines were easy to follow (92.7%), helped with decision making (87.9%), improved teamwork (73.1%), improved the referral process (70.8%), improved patient care (92.7%), reduced inappropriate variation in management (77.5%), facilitated cost effective care (70.7%).

HCP in primary care agree that guideline based management is an integral component to implementation of best practice asthma management. The Irish Health Service Executive has incorporated the locally modified guideline and associated asthma education program into the core components of the new National Asthma Program.

P4995

Clinical decision support system for diagnosing patients with community-acquired pneumonia

Shigeo Hanada¹, Hironori Uruga¹, Hisashi Takaya¹, Atsushi Miyamoto¹, Hideyasu Sugimoto¹, Nasa Morokawa¹, Atuko Kurosaki², Kazuma Kishi¹, Shouji Kanada³, Akira Osawa³. ¹Department of Respiratory Medicine, Toranomon Hospital, Minato-ku, Tokyo, Japan; ²Department of Diagnostic Radiology, Toranomon Hospital, Minato-ku, Tokyo, Japan; ³IT System Development Center, Medical Development Group, Fuji Photo Film, Minato-ku, Tokyo, Japan

Objective: To examine whether a Clinical Decision Support System (CDSS) is specific enough to reliably predict the etiology of community-acquired pneumonia (CAP).

Methods: We developed an application program named CDSS comprising of information relating to epidemiologic conditions, risk factors, clinical manifestations, and laboratory findings of 53 patients with CAP who were seen at Toranomon Hospital from April 2006 to April 2010. We also studied other 17 CAP patients with definitive etiologies and collected information required for calculating similarity. The best matches among the cases in CDSS were returned in a list, and sorted by similarity score, with the most similar one presented first. We assessed the usefulness of CDSS in differentiating etiologies of patients with CAP.

Results: There were 11 men and 6 women with a mean age of 59 years (range: 26-86). The etiologies of CAP were *Streptococcus pneumoniae* in 4 patients, *Mycoplasma pneumoniae* in 3, *Haemophilus influenzae* in 2, aspiration pneumonia in 2, *Mycobacterium tuberculosis* in 2, *Nontuberculous mycobacterium* in 2, *Pseudomonas aeruginosa* in 1, and diffuse bronchiolitis in 1, respectively. With reference to the results of CDSS, we identified the correct diagnosis with the highest similarity in 8 of 17 patients (47.1%). Differentiation between bacterial pneumonia and atypical pneumonia could be made in 10 of 12 patients (83.3%). The four cases of *Mycobacterium tuberculosis* and *Nontuberculous mycobacterium* could easily be differentiated from other pathogens (100%).

Conclusion: CDSS is a new approach that can be used by clinicians to predict the etiology of CAP.

P4996

Asthma self management preferences, attitudes and beliefs in primary care

Maureen George¹, Jennifer Kraft¹, Neika Vendetti², Ruth Pinilla¹, Ahmaad Johnson¹, Chantel Priolo³, Rodalyn Gonzalez³, Elizabeth Yim⁴, Danielle Jackson⁵, Dana Brown⁶, Cynthia Rand⁷. ¹Family and Community Health, University of Pennsylvania School of Nursing, Philadelphia, PA, United States; ²Epidemiology and Biostatistics, Drexel University School of Public Health, Philadelphia, PA, United States; ³Pulmonary, Allergy and Critical Care Medicine, University of Pennsylvania Health System, Philadelphia, PA, United States; ⁴Miller School of Medicine, University of Miami, Miami, FL, United States; ⁵College of Medicine, Howard University, Washington, DC, United States; ⁶Division of Geriatrics, University of Pennsylvania School of Medicine, Philadelphia, PA, United States; ⁷Division of Pulmonary and Critical Care Medicine, Johns Hopkins University, Baltimore, MD, United States

Purpose: To describe self management preferences, attitudes and beliefs of urban adults with persistent asthma.

Subjects: Primary care patients prescribed inhaled corticosteroids (ICS).

Methods: Survey.

Results: A convenience sample of 141 subjects (78% female; 81% Black; 51% with \leq high school education; 29% with commercial insurance; mean age 50.4 + 13.4; range 19-83) prescribed inhaled ICS for persistent asthma were enrolled from 5 sites (2 internal medicine, 2 family medicine and 1 federally qualified health clinic). Subjects completed a self-administered 39-item survey about their conventional and alternative asthma self management preferences, attitudes and beliefs. Seventy-six percent felt they needed daily ICS. Twenty-four subjects (17%) used ICS symptomatically. Additionally, 37% believed they were the best judge of whether they needed ICS or not. Several feared ICS addiction (21%) or tolerance (18%). Perhaps most distressing - 16% voiced concern that "someone may be experimenting on me by prescribing [ICS]" or that "someone may be experimenting on me by prescribing [ICS]" for writing ICS prescriptions. All subjects used some form of alternative self management, including fresh air/fan (84%), water (46%), steam/using warming therapies (35%), bathing/dressing prescriptives (30-35%), prayer (36%), teas (28%), coffee or "natural therapies" (18%), percussion (17%), or herbs, vitamins or mentholatum rubs (16%). Importantly, 31% felt the integration of both conventional and alternative approaches was superior to either one alone.

Conclusions: Patients have unique self management preferences, attitudes and beliefs that, if identified and discussed, could serve as the foundation of a tailored plan of care that may reduce barriers to ICS use.

P4997

Improving asthma control with therapeutic education intervention

Lalita Fernandes, Anthony Mesquita. *TB and Respiratory Medicine, Goa Medical College, St. Inez, Caranzalem, Goa, India*

Objective: To assess the level of control in asthma patients receiving therapeutic education intervention.

Background and significance: There is no cure for asthma, hence the aim of management is to control asthma and improve quality of life. One of the reasons for poor control is improper inhaler technique. We analysed the control of asthma in subjects who received inhaler technique education by trained respiratory therapists.

Methods: In a randomised controlled trial, we enrolled 89 new uncontrolled non smoking asthma patients reporting to the hospital. Asthma was confirmed by symptoms and spirometric reversibility as per ATS/ERS 2005 standards. Patients with asthma exacerbation and requiring systemic steroids were excluded. All 89 patients were treated with appropriate medications and were then randomised to education intervention group (teaching of correct inhaler technique by respiratory therapist) and the control group received routine inhaler technique instructions by the physician. Both groups were followed up at 4 weeks. The intervention group was reassessed for inhaler technique at 4 weeks. At 12 weeks both groups were assessed for asthma control using ACT.

Results: There was significant improvement in asthma control in the group

Results

	Intervention	Control
Age(SD)	41(14)	41(12)
Sex	32 (74%) Females	31 (67%) Females
Asthma control	79%	52%

Chi square=7.083, df=1, p=0.008.

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receiving therapeutic education intervention ($p < 0.05$).

Conclusions: Review of inhaler technique at every visit helps in better control of asthma.

References:

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P4998

COPD patient and caregiver assessments of care transition quality

Donna Goodridge¹, Shelly Hutchinson¹, Darcy Marciniuk², Donna Rennie³.

¹College of Nursing, University of Saskatchewan, Saskatoon, SK, Canada;

²Canadian Centre for Health and Safety in Agriculture, University of Saskatchewan, Saskatoon, SK, Canada; ³College of Medicine, University of Saskatchewan, Saskatoon, SK, Canada

Background: The high health care utilization of many patients with advanced COPD may reflect sub-optimal preparation of the patient and caregiver to effectively manage COPD upon discharge.

Purpose: To examine the assessments of COPD patients and their caregivers regarding care transition quality within two weeks of discharge from hospital.

Design: This cross-sectional study included 22 dyads (N=44) of patients with advanced COPD (MRC 3, 4 or 5) and their caregivers in two Canadian cities. The Care Transitions Measure (CTM-15) was used to obtain scores from both the patients and caregiver on the quality of care transition. CTM-15 scores range from 0-100, with higher scores indicating higher quality of care transition. Correlations between CTM-15 scores, global rating of health and the Clinical COPD Questionnaire (CCQ) were assessed.

Results: Median CTM-15 score for patients was 58.9 (IQR= 30.5) compared with 46.7 (IQR= 16.5) for caregivers (NS). The majority of patients did not have clear health goals upon discharge (63.6%) a written plan of care (59.1%). Caregivers did not understand warning signs and symptoms to monitor (72.7%), understand how to manage the patient's health (68.2%) or have all the information needed to be able to take care of the patient upon discharge (54.5%). CTM-15 scores were negatively correlated with CCQ scores ($p=0.04$) but not with global rating of health.

Interpretation: COPD patients and their caregivers require additional preparation for discharge and reported important gaps that have important implications for self-care in the community. CTM-15 scores in this study were lower than those previously reported in geriatric literature.

P4999

Respirologists' perception versus patient reality: A Canadian perspective on COPD

S.L. Walker¹, M.S. Balter², J. Bourbeau³, C.K. Chan⁴, P. Hernandez⁵,

D.D. Marciniuk⁶. ¹Department of Medicine, Penticon Regional Hospital,

University of British Columbia, Vancouver, BC, Canada; ²Department of

Medicine, Mount Sinai Hospital, University of Toronto, Toronto, ON, Canada;

³Respiratory Epidemiology and Clinical Research Unit, McGill University Health

Center, Montreal, QC, Canada; ⁴Department of Medicine, University of Toronto,

Toronto, ON, Canada; ⁵Department of Medicine, QEII Health Science Centre,

Dalhousie University, Halifax, NS, Canada; ⁶Department of Medicine, University of Saskatchewan, Saskatoon, SK, Canada

COPD is under diagnosed and undertreated. Physicians and patients may have significantly different perceptions of disease severity, educational needs and treatment options.

Purpose: To identify areas of COPD care that could be improved, a practice review was completed.

Method: 58 respirologists from across Canada participated from June to October 2010; each completed a practice profile and patient assessments (n=931) during COPD patient visits. Patients also completed a questionnaire (n=640). Similar questions were asked of both groups to determine if perceptual differences existed. Data was evaluated for important comparisons of patient and physician demographics and practice characteristics.

Results: Physicians and patients both recognized that symptoms are bothersome throughout the day, but morning was reported as the most troublesome time, 33% versus 18% for afternoon or evening. Perceptual differences were identified including treatment compliance and educational needs. 88% of patients felt they never or rarely miss taking their COPD medication while 80% of physicians perceived that patients missed their medication several times per week/month. For education and resources, patients emphasized disease understanding and progression, while physicians prioritized symptom management and smoking cessation. Only 51% of patients were taught to recognize signs of exacerbation by their physicians yet 78% of patients identified the physician as their greatest source of information.

Conclusions: Patients and physicians provided different insight about COPD. Identifying these differences may allow for improved patient assessment, education and management leading to improved communication and outcomes.