Abstract Presentations

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Practices and perceptions of primary care physicians in rural India for diagnosis and management of asthma and COPD: A mixed methods study

improving global
RESPIRE
respiratory health

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Breathing and feeling well through universal access to right care

Background

- Long-term lung conditions, such as asthma and COPD, are very common and can affect people's well-being, and ability to work and care for their families.

- Respiratory symptoms are common but weak primary health care systems in resource-poor countries are often unable to diagnose the underlying disease condition, leading to inappropriate treatment.

- To improve treatment of these conditions, we first need to understand how primary care doctors diagnose and treat people with chest symptoms, what makes it difficult for them to provide good care and how they think care can be improved.

Aim

To explore the understanding and perceptions of primary care doctors in the Pune district in India, on the diagnosis and management of lung conditions.
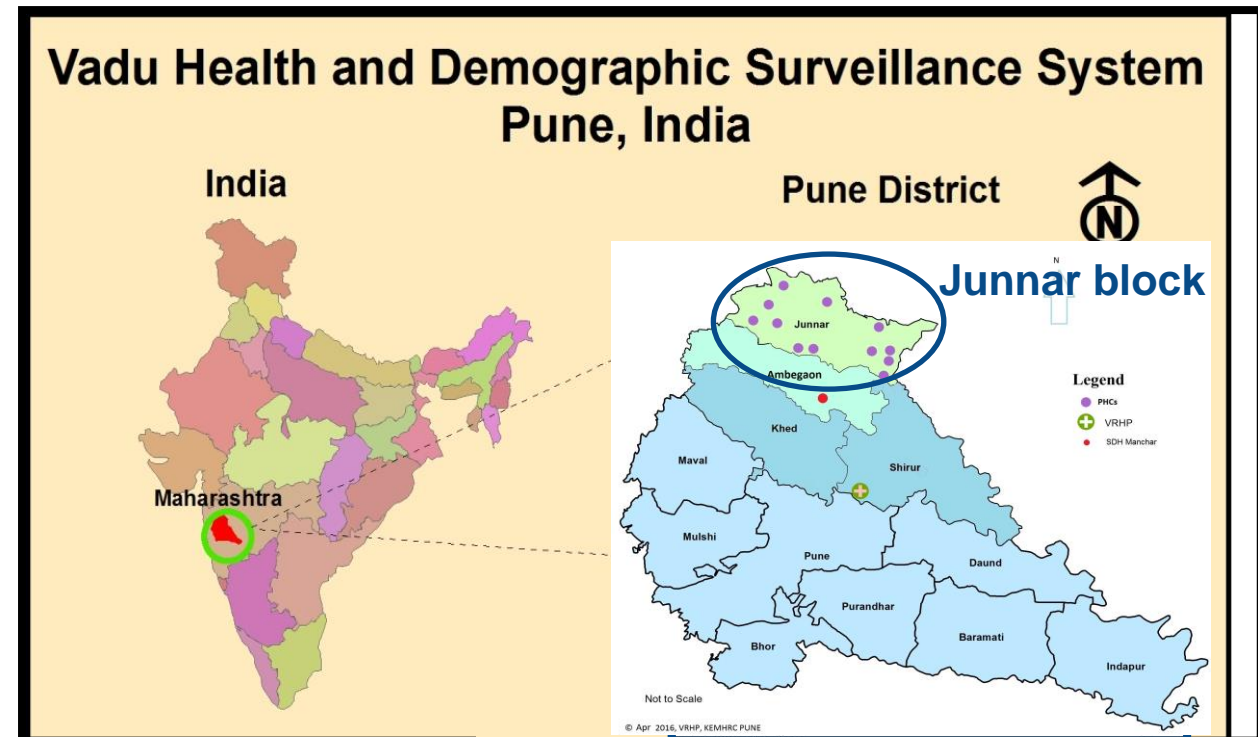
Methodology

Study area: Junnar block of Pune district, Maharashtra, India

Population: All GPs practising in study area (n=450)

Methods:

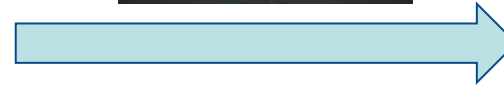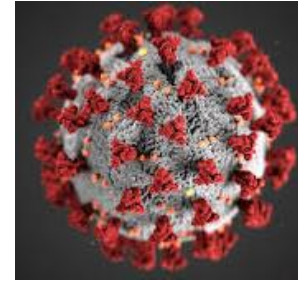- Screening questionnaire
- In-depth interviews

Data Collection and Analysis

- Screening questionnaire: To all GPs practicing in study area (n=450)- *(Previously CME, now remote data collection)*

- Selection of GPs based on questionnaire data

- In-depth interviews using interview guide: With selected 16 GPs- *(Previously F2F, now using Skype or Zoom)*

- These interviews will be transcribed, coded and analyzed thematically.

Data Collection Modes

KEMHRC, VRHP, @ 2020

Face to Face through CME

General Practitioner Screening Questionnaire

This questionnaire should be completed by all registered medical practitioners in study area

Name *

Short answer text

Gender *

○ Female

○ Male

Age *

Mention in Years..........

Remotely through Google Form

Data Collection Status

Total GPs approached	**138**
GPs filled screening questionnaire	92
GPs having common practice (Husband and wife sits in same OPD/IPD)	17
Pending	8
Migrated	14
Retired/Not practising	7
Yet to approach	**432-138= 294**

Preliminary Findings (n=92)

Gender distribution among GPs (n, %)

- 27, 29% Female
- 65, 71% Male

| Female | Male |
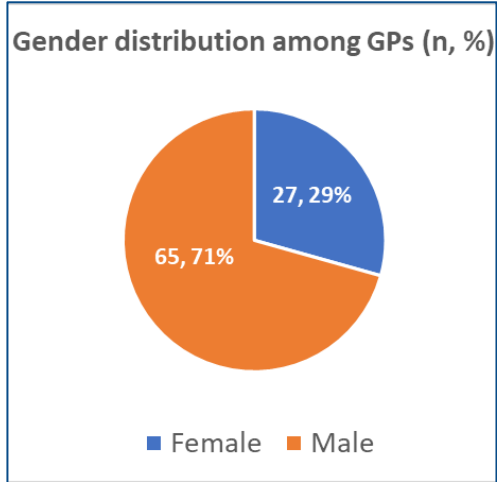
Age span

28 to 75 years

Years of Practice

1 to 50 years

Degree	Count
MBBS	48 (13 with MD)
BAMS	25 (5 with MD)
BHMS	12 (6 with MD)

Facility	Count
Only OPD	55
OPD with IPD	34
On call (no setup)	3

Type of Practice	Count
Allopathy	37
Integrated	26
Homeopathy	10
Ayurveda	3
Specialist (Gynac, Opthal, Physio, Dental, ENT etc.)	17

Preliminary Findings (n=92)

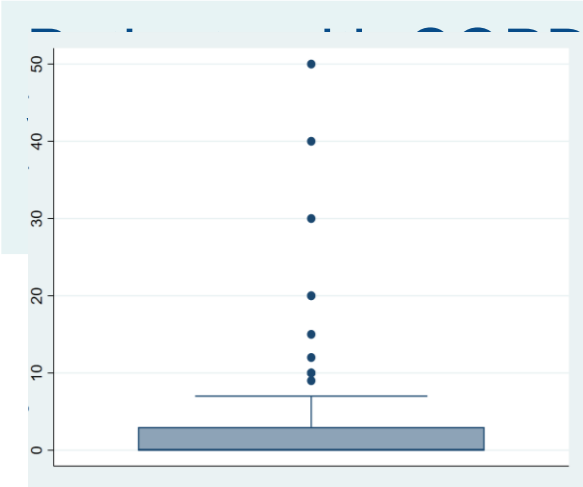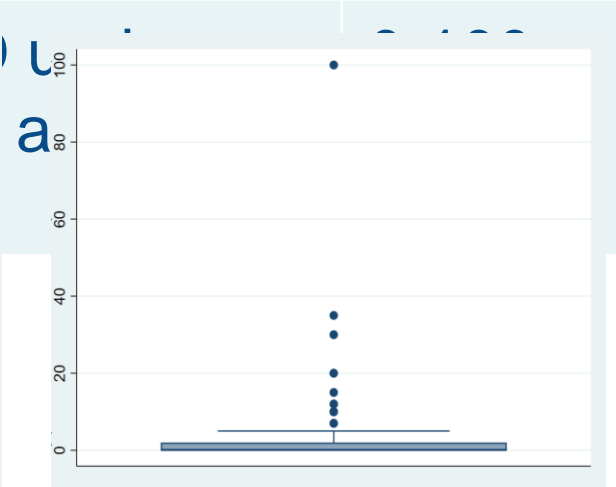| Asthma	Count	COPD	Count
Diagnose/treat asthma	60 (65.2%)	Diagnose/treat COPD	34 (37%)
Average number of cases of asthma in last 3 months at your clinic facility (Fig 1)	0-150	Average number of cases of COPD in last 3 months at your clinic facility (Fig 3)	0-50
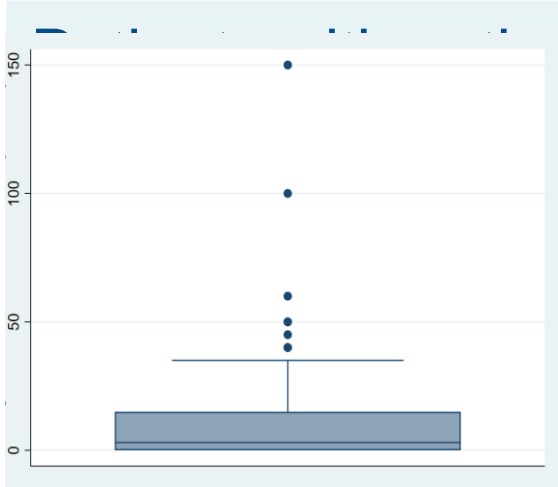
(Fig 1)
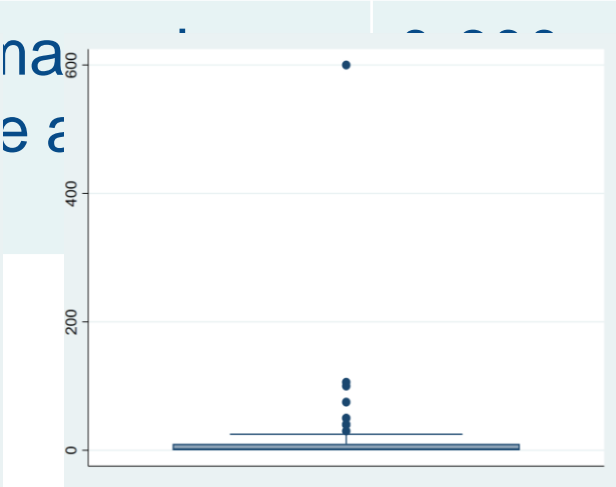
(Fig 2)

(Fig 3)

(Fig 4)

Anticipated Impact

- Identify ways in which we can improve the diagnosis and management of lung disease in primary care in India.

- Working with national stakeholders, recommendations and interventions can be developed and tested to improve the diagnosis and management of asthma and COPD in rural India.

- The importance of such a study is in line with the Sustainable Development Goals (SDGs) that highlight the need to strengthen primary health care across the globe.

Questions to discuss @ IPCRG Virtual Conference

- What criteria to be used for the selection of GPs for in-depth interviews?

- Why are GPs not diagnosing/treating asthma/COPD?

- What barriers and facilitators should I be asking about?

- We plan to use vignettes; what sort of clinical case would be most revealing about clinical management?

Thank You