Breathing and feeling well through universal access to right care
Why determine respiratory primary care research priorities?

• To understand which research questions concern most primary care healthcare professionals

• To better address an often undervalued disease area, with a focus on improving practice

• To reduce the 7.7 million deaths per year that respiratory conditions account for

• To improve clinical guidelines and patient care globally.

Its contribution to the IPCRG Research strategy

Schools, platforms for peer review e.g. conferences; introducing members to collaborations e.g. Breathe Well, RECHARGE, RESPIRE, ASTRA

Routine data analysis (e.g. UNLOCK), implementation studies (e.g. FRESH AIR and our research school prizes); stakeholder engagement throughout research processes

Publications, our journal npjPCRM, social media, conferences, webinars, website, personal communication

Membership engagement, mentoring, encouragement, confidence building, fundraising

Prioritisation paper; sentinel network; relationship building with funders and academics

Facilitating, doing, disseminating, influencing, generating interest, motivation, capability, early career scientists, late career scientists, patients, clinicians, primary care respiratory research.
IPCRG’s role in supporting global health programmes to engage primary care

Funded by the EU Horizon 2020 programme

With members and partners from 24 countries

With members from 15 countries

Bangladesh, Brazil, China, Georgia, India, Kyrgyzstan, North Macedonia, Malaysia, Pakistan, Uganda and Sri Lanka

Uganda, Vietnam, Greece and the Kyrgyz Republic
IPCRG reaches over 155,000 primary care colleagues through our 37 country members in high, middle and low income countries
Methods: e-Delphi process

ROUND 1: OPEN SURVEY
1- What are the most common respiratory conditions

2- Which are the most clinically important

3- Please list 10 questions relevant to the above conditions that you would like to see answered and unable to find enough evidence in the literature for them?
Characteristics of respondents

<table>
<thead>
<tr>
<th>Demographic</th>
<th>Type</th>
<th>Number of participants of 112 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Male</td>
<td>47 (42.0)</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>65 (58.0)</td>
</tr>
<tr>
<td>Age</td>
<td>25-34</td>
<td>28 (25.0)</td>
</tr>
<tr>
<td></td>
<td>35-44</td>
<td>36 (32.1)</td>
</tr>
<tr>
<td></td>
<td>45-54</td>
<td>26 (23.2)</td>
</tr>
<tr>
<td></td>
<td>55-and over</td>
<td>22 (19.7)</td>
</tr>
<tr>
<td>Role</td>
<td>Doctor</td>
<td>93 (83%)</td>
</tr>
<tr>
<td></td>
<td>Nurse</td>
<td>11 (9.9%)</td>
</tr>
<tr>
<td></td>
<td>Other Healthcare Worker</td>
<td>8 (7.1%)</td>
</tr>
<tr>
<td>Years of Experience</td>
<td>&lt; 5 years</td>
<td>22 (19.6)</td>
</tr>
<tr>
<td></td>
<td>5 - 10 years</td>
<td>24 (21.5)</td>
</tr>
<tr>
<td></td>
<td>&gt; 10 years</td>
<td>66 (58.9)</td>
</tr>
<tr>
<td>Work Setting</td>
<td>Hospital</td>
<td>26 (23.2%)</td>
</tr>
<tr>
<td></td>
<td>Primary Care/ Community</td>
<td>74 (66.1%)</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>12 (10.7%)</td>
</tr>
<tr>
<td>Region</td>
<td>Africa</td>
<td>14 (12.5%)</td>
</tr>
<tr>
<td></td>
<td>Asia</td>
<td>37 (33.0%)</td>
</tr>
<tr>
<td></td>
<td>Europe</td>
<td>46 (41.1%)</td>
</tr>
<tr>
<td></td>
<td>North America</td>
<td>3 (2.7%)</td>
</tr>
<tr>
<td></td>
<td>Oceania</td>
<td>3 (2.7%)</td>
</tr>
<tr>
<td></td>
<td>South America</td>
<td>9 (8.0%)</td>
</tr>
<tr>
<td>Country Classification*</td>
<td>High-income</td>
<td>45 (40.2%)</td>
</tr>
<tr>
<td></td>
<td>Middle-income</td>
<td>58 (51.8%)</td>
</tr>
<tr>
<td></td>
<td>Low-income</td>
<td>9 (8.0%)</td>
</tr>
</tbody>
</table>
608 questions
from 112 community-based physicians, nurses and other healthcare professionals
representing 27 high, middle and low-income countries
27 academic experts reduced these to 176 questions using an e-Delphi process

Map courtesy of www.mapchart.net
Asthma and COPD were the most frequently mentioned diseases and the diseases of most concern.

Infectious respiratory diseases taken together (TB, pneumonia) were mentioned most and were also of highest concern.

URTI: upper respiratory tract infection
TB: tuberculosis
COPD: chronic obstructive pulmonary disease
Final research questions by topic (%)

The most frequent questions were related to COPD management and asthma self-management.
49 questions reached 80% consensus for importance after e-Delphi rating stages

**Top 10 ranked questions**

<table>
<thead>
<tr>
<th>Question</th>
<th>Consensus</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the best way to manage chronic/ persistent cough in primary care?</td>
<td>100%</td>
</tr>
<tr>
<td>What are the best ways to monitor asthma in primary care?</td>
<td>100%</td>
</tr>
<tr>
<td>What steps could be taken to prevent exacerbations and progression of asthma?</td>
<td>97.1%</td>
</tr>
<tr>
<td>How can brief advice be better used to increase motivation to quit tobacco use, and what elements are most efficient for a busy primary care practitioner?</td>
<td>97.1%</td>
</tr>
<tr>
<td>How should we best manage COPD in patients with cardiovascular diseases, arrhythmias and uncontrolled hypertension?</td>
<td>97%</td>
</tr>
<tr>
<td>What are the most effective strategies for ensuring sustained good inhaler techniques among asthma patients?</td>
<td>94.2%</td>
</tr>
<tr>
<td>What methods could be used to enhance the use of asthma controller therapy?</td>
<td>94.1%</td>
</tr>
<tr>
<td>How could we improve COPD 'patients' use of inhalers? What are the best ways to teach people and how can we apply them in daily clinical practice?</td>
<td>94.1%</td>
</tr>
<tr>
<td>What is the best way to engage people with asthma in self-management?</td>
<td>94.1%</td>
</tr>
<tr>
<td>How can we best educate healthcare professionals to improve early recognition and diagnosis of COPD?</td>
<td>94.1%</td>
</tr>
</tbody>
</table>
Summary of the 6 themes and sub-themes from the qualitative analysis of research questions

Pharmacists

Nurses

Community health workers

The need for locally relevant guidelines

Need for local epidemiological studies

Relevance to LMIC

Guidelines that are appropriate to resource-poor settings

Adaptation of guidelines for different countries and ethnic groups

Need for accessible guidelines

Role of clinicians' education in improving diagnosis and management

Need for better education and training resources for primary care clinicians

Role of multidisciplinary healthcare teams

Need for information applicable to local healthcare provision/resources

Cross-cutting themes of important respiratory research topics as seen by participants

Early diagnosis

Primary prevention of common respiratory conditions

Diagnosis and management of overlapping conditions and traits

Biomarkers

Use of technology

Point-of-care testing

Whole person approach

Self-monitoring

Self-management

Health promotion and education

The need for better evidence on prevention, diagnosis and treatment of respiratory conditions in primary care

Simple and accessible tests for screening, diagnosing and monitoring

Effective approaches to empower patients

Lack of awareness of published evidence regarding respiratory disease management
Cross-cutting themes: what is needed

• Information applicable to local context
• Increased awareness of disease management evidence
• Better prevention, diagnosis and treatment evidence for primary care
• Role definition and development within multidisciplinary teams
• Validated tools for primary care screening, diagnosis and management
• Approaches which empower patients
What concerns primary care the most?

- Asthma and COPD were the most frequently mentioned diseases (17.2% and 15.2%) and the diseases of most concern (25.7% and 24.5%).
- Infectious respiratory diseases taken together (TB, pneumonia) were mentioned most (34.8%) and were also of highest concern (29.9%).
- The most frequent specific questions were around COPD management and asthma self-management.
New topics and priorities continued since 2012 original prioritisation

New topics

• Research about shared and multidisciplinary care
• Greater understanding about the role of inhaled corticosteroids in management of COPD as well as asthma

Continued priorities

• The need for simple and accessible tools and tests
• Improvement of patient self-management skills
• Promoting smoking cessation in primary care settings
• Managing people with multimorbidity
• Workforce development: training and education of primary care
• Primary care is essential to improve respiratory health
• Therefore we must focus research on what enables it to provide high value care
• These are primary care’s research priorities and should guide policy and research funding decisions
• They should inform the research agenda for the coming 5-8 years
• They highlight new opportunities and continuing challenges
• COVID may permanently change how we deliver healthcare. Aspects like remote consultation need more attention. See https://www.ipcrg.org/dth11