

# IPCRG

International Primary Care Respiratory Group

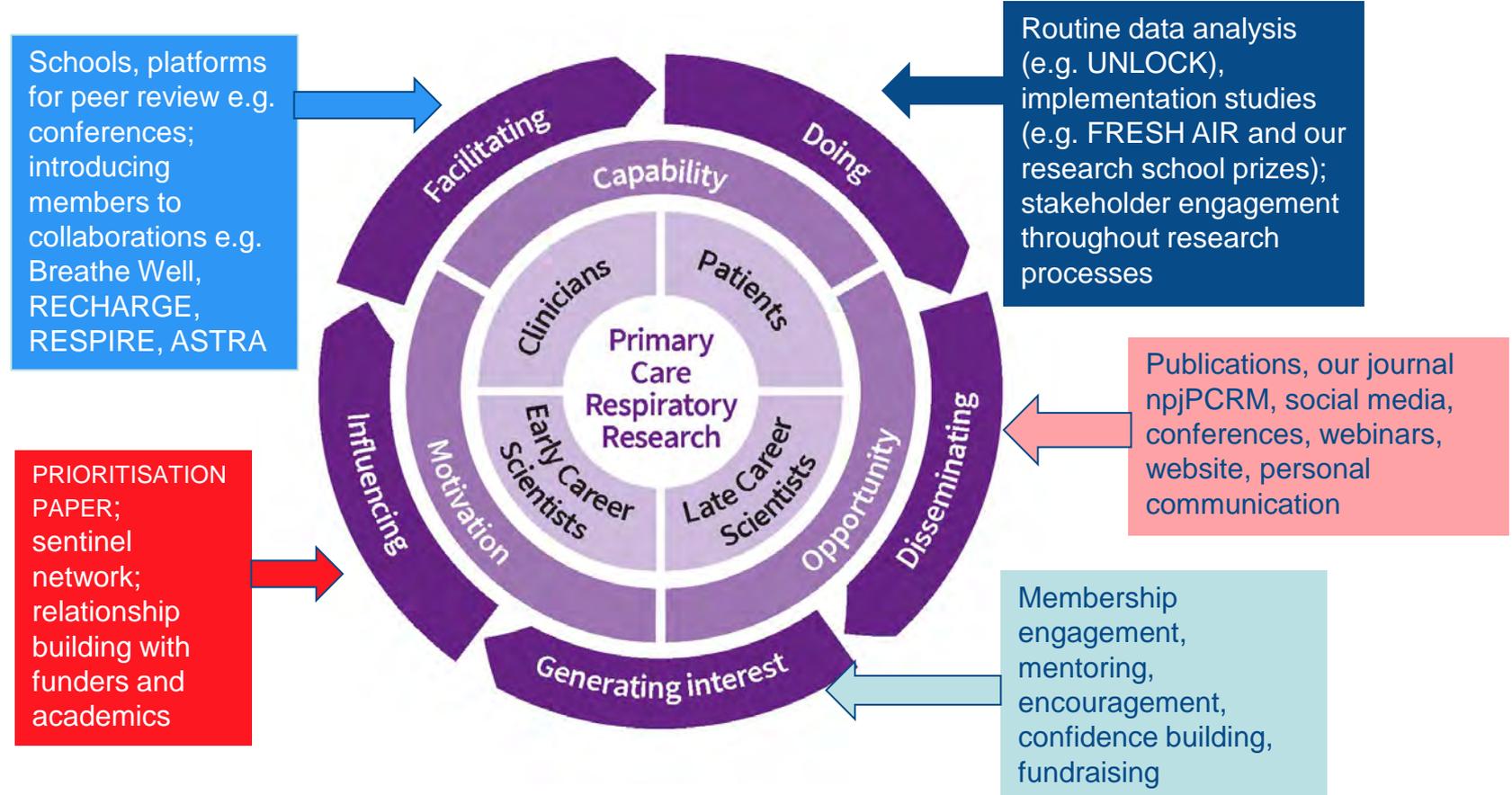
## Prioritising primary care research needs *npj Primary Care Respiratory Medicine*

*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 **7.7million deaths** per year that respiratory conditions account for
- To **improve clinical guidelines and patient care globally.**
- Update 2012 prioritisation exercise Prim Care Respir J. 2012 Mar;21(1):19-27. doi: 10.4104/pcrj.2012.00006.

# Its contribution to the IPCRG Research strategy



# IPCRG's role in supporting global health programmes to engage primary care

FUNDED BY  
**NIHR** National Institute for Health Research  
**UKaid** from the British people

**BREATHE WELL**

improving global  
**RESPIRE**  
 respiratory health

**RECHARGE**

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

**GHRN**  
 Global Health Respiratory Network

With members and partners from 24 countries

## UNLOCK

### What is UNLOCK?

UNLOCK (Uncovering and Noting Long-term Outcomes in COPD and asthma to enhance Knowledge) is an international collaboration between primary care researchers to coordinate and share datasets of relevant diagnostic and follow-up variables for COPD and asthma management in primary care. It was set up by members of the International Primary Care Respiratory Group. The protocol summary was published in the Primary Care Respiratory Journal in 2010 and the report of the findings to 2018.

With members from 15 countries



Funded by the EU Horizon 2020 programme

Interventions from **FRESH AIR**

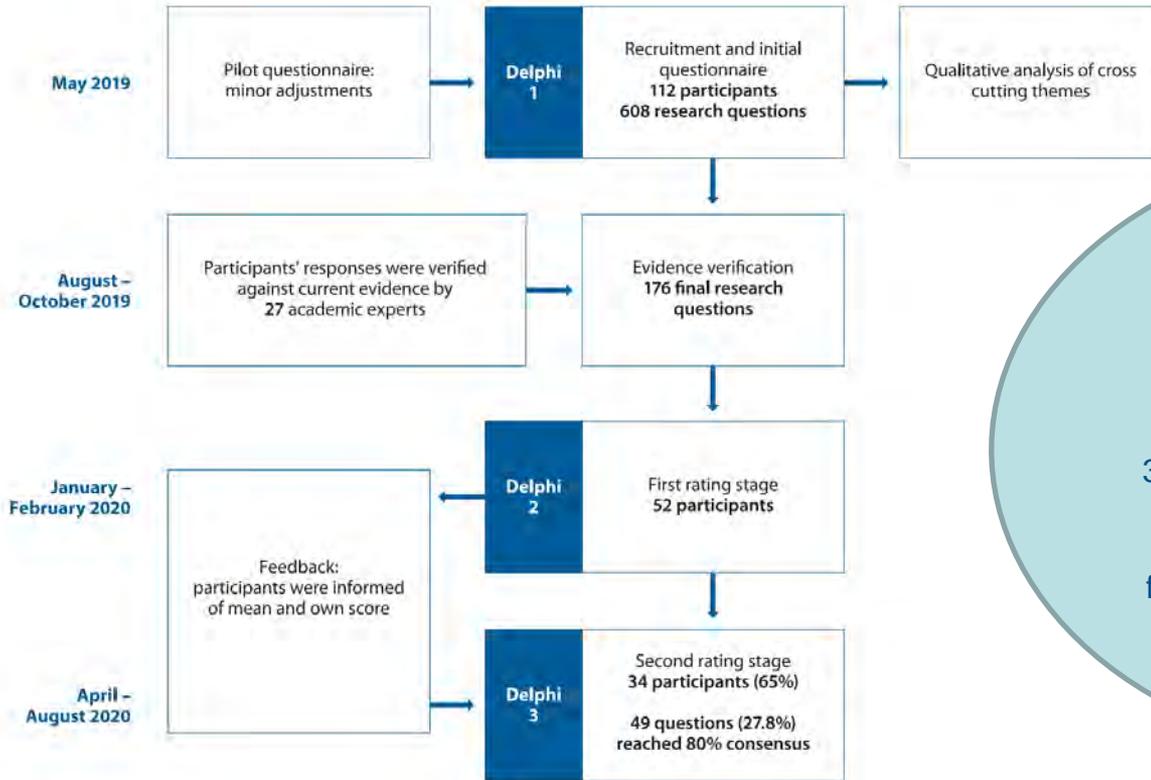
- Culturally-tailored information for parents of children with asthma
- Research on perceptions of and treatments for childhood cough and wheeze, raising questions about appropriate diagnosis
- Midwives able to teach new mothers about harm of smoke
- Improved lung health in infancy

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**

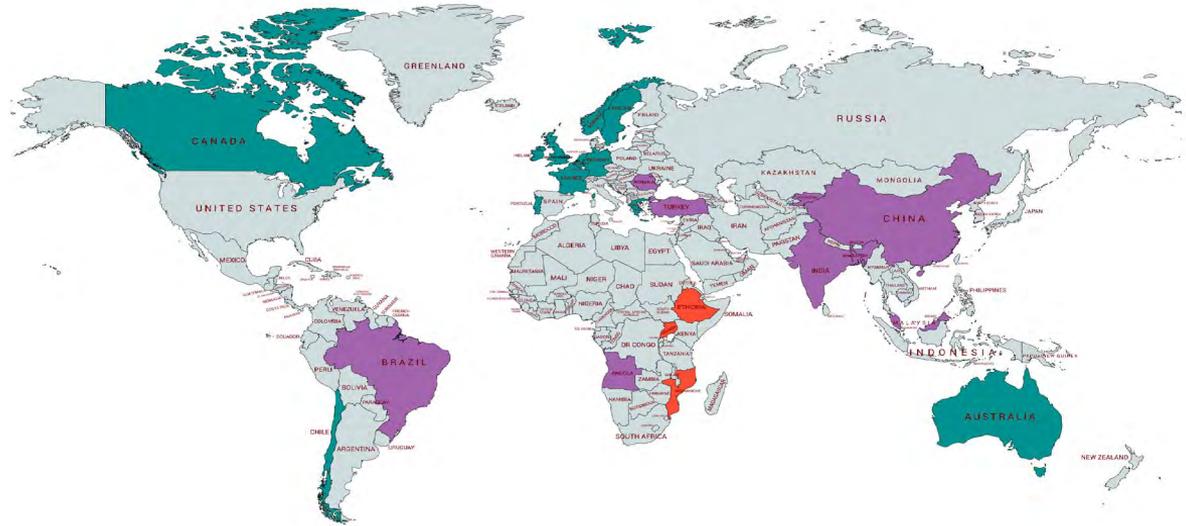
- 1- What are the most common respiratory conditions
- 2- Which are the most clinically important
- 3- Please list 10 questions relevant to the above conditions that you would like to see answered and unable to find enough evidence in the literature for them?

## Characteristics of respondents

Demographic	Type	Number of participants of 112 (%)
Gender	Male	47 (42.0)
	Female	65 (58.0)
Age	25-34	28 (25.0)
	35-44	36 (32.1)
	45-54	26 (23.2)
	55-and over	22 (19.7)
Role	Doctor	93 (83%)
	Nurse	11 (9.9%)
	Other Healthcare Worker	8 (7.1%)
Years of Experience	< 5 years	22 (19.6)
	5 - 10 years	24 (21.5)
	> 10 years	66 (58.9)
Work Setting	Hospital	26 (23.2%)
	Primary Care/ Community	74 (66.1%)
	Other	12 (10.7%)
Region	Africa	14 (12.5%)
	Asia	37 (33.0%)
	Europe	46 (41.1%)
	North America	3 (2.7%)
	Oceania	3 (2.7%)
	South America	9 (8.0%)
Country Classification*	High-income	45 (40.2%)
	Middle-income	58 (51.8%)
	Low-income	9 (8.0%)

# Geographical coverage

- 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



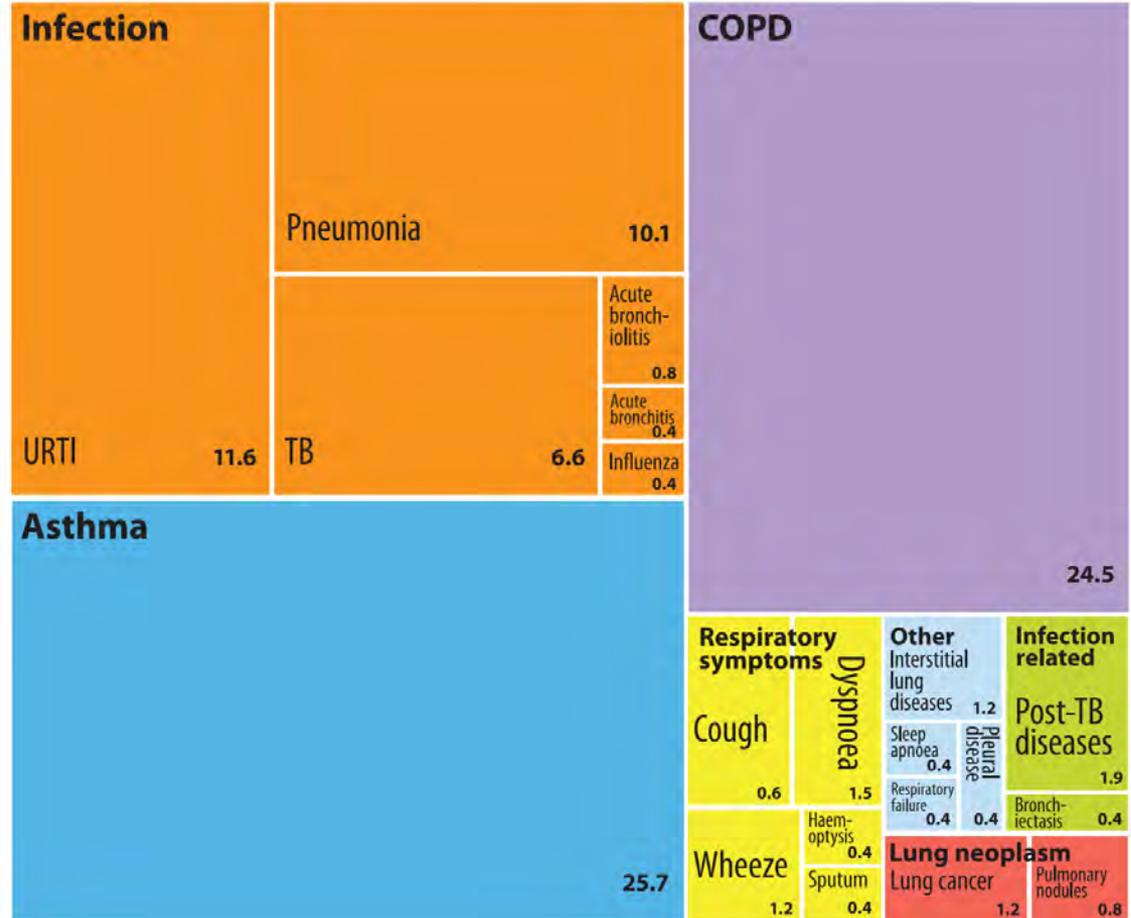
[Map courtesy of www.mapchart.net](http://www.mapchart.net)

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

## Proportional distribution of respiratory conditions identified by participants as most clinically important



## Final research questions by topic (%)

The most frequent questions were related to COPD management and asthma self-management

## Proportional distribution of final research questions across the 14 topics after the Evidence Verification Stage

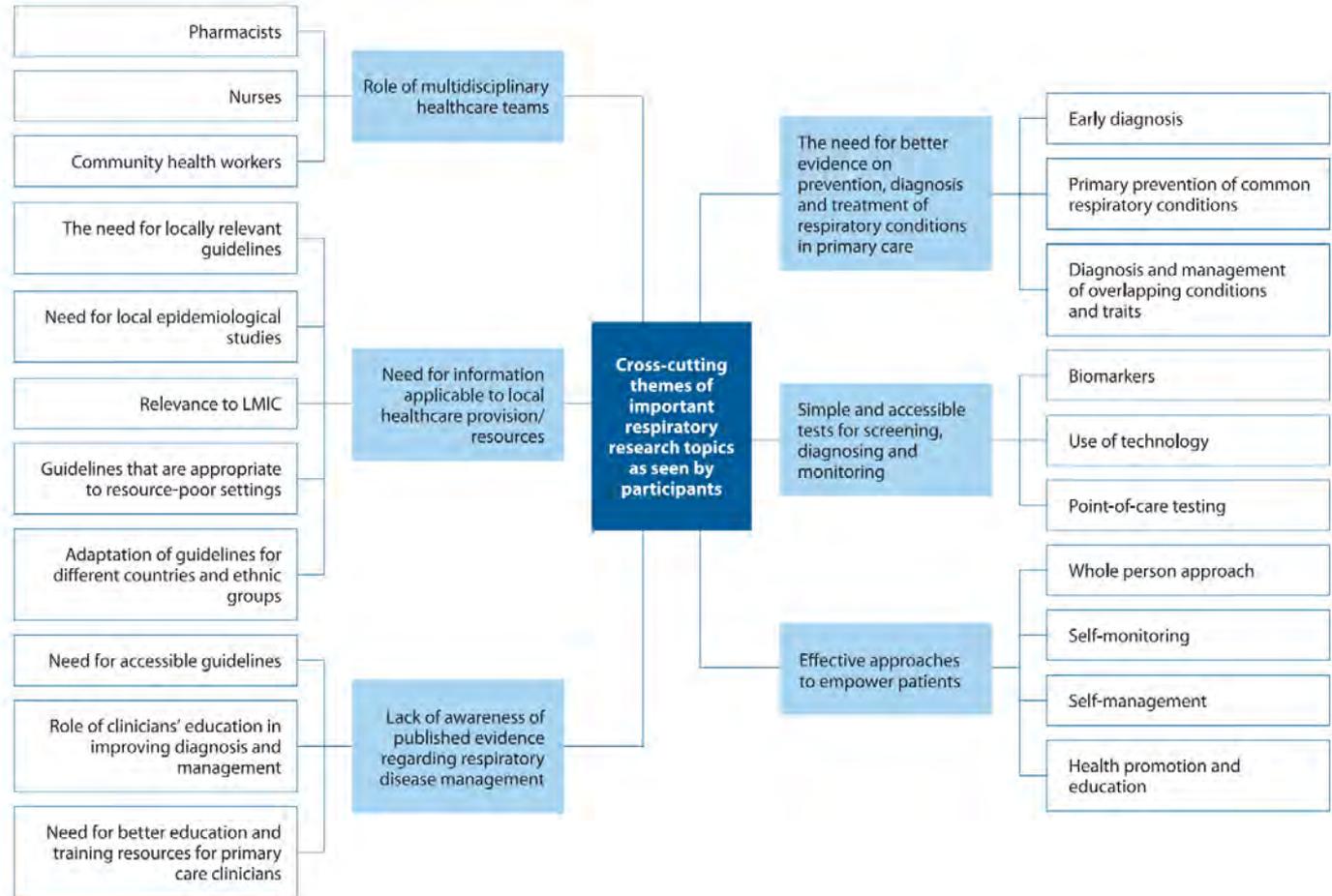


# 49 questions reached 80% consensus for importance after e-Delphi rating stages

## Top 10 ranked questions

Question	Consensus
What is the best way to manage chronic/ persistent cough in primary care?	100%
What are the best ways to monitor asthma in primary care?	100%
What steps could be taken to prevent exacerbations and progression of asthma?	97.1%
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?	97.1%
How should we best manage COPD in patients with cardiovascular diseases, arrhythmias and uncontrolled hypertension?	97%
What are the most effective strategies for ensuring sustained good inhaler techniques among asthma patients?	94.2%
What methods could be used to enhance the use of asthma controller therapy?	94.1%
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?	94.1%
What is the best way to engage people with asthma in self-management?	94.1%
How can we best educate healthcare professionals to improve early recognition and diagnosis of COPD?	94.1%

# Summary of the 6 themes and sub-themes from the qualitative analysis of research questions



# 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

## What next?

- 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>