Introduction

Personalised and safe care, delivering a better experience for people living with COPD

www.ipcrg.org/copdrightcare
Definition

Doing the right things and only the right things in the right way for the right people at the right time in the right place, whatever that means in the local context.

WHO’s Florence, a 24/7 virtual health worker, provides digital counselling services to those trying to quit tobacco.
With the focus firmly on universal health coverage as a central part to the UN Sustainable Development Goals, …..

Underuse and overuse of medical and health services exist side-by-side with poor outcomes for health and wellbeing…..

…..achieving the right care is both an urgent task and an enormous opportunity.
What inspired it?
1. Asthma Right Care

Episodic asthma care

- Person with asthma over-reliant on SABA

Asthma Right Care

Mitigation of chronic risk

- Person with asthma and appropriate management

www.ipcrg.org/asthmarightcare
What are we doing, and what more can we do?

GP reflects on prescribing practices and adapts

Pharmacists move to prescription only for SABA, and are part of the asthma pathway

Journalists use appropriate images to change the asthma narrative

Emergency doctor seizes teachable moment: refers patient back to GP; no SABA without ICS
What inspired it?

2. London Respiratory Network Value Pyramid

Education and training to underpin all implementation; and improved diagnosis to ensure allocation of interventions to the right people

First, leadership to build trust between different parts of the system, and respect for primary care, which is the highest value input in a health system: can deliver 90% of a person’s health needs over their lifetime, and highly cost-effective

New
Example of how to use it:
UK Royal College of Physicians primary care audit

- Need to tackle underuse, misuse and overuse
- Recognise need multi-professional system-wide approaches
- Integrate personalization
- Patient safety – eg appropriate use of ICS
Builds on IPCRG’s existing work
New film to support improved awareness of clinicians and individuals – how we breathe, and why we get breathless.
New desktop helper 2022

Teaching case studies and slides available
Improving the life of people with COPD by integrating a supportive and palliative approach from diagnosis to end of life

This desktop helper supports a long-term holistic approach to chronic obstructive pulmonary disease (COPD) management. The course and progression of COPD can be difficult to predict. Care is directed towards enhancing the quality of life in the individual and family, focusing on treatment and improving symptom control and maintaining lung function, which is why palliative approaches are useful from the time the COPD diagnosis is communicated. It is important to remember that palliative care is a broad concept and not only focuses on reducing physical symptoms.

Table 1: The percentage of people with COPD who had healthcare needs in the last month

<table>
<thead>
<tr>
<th>Condition</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td>50%</td>
</tr>
<tr>
<td>Heart disease</td>
<td>35%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>25%</td>
</tr>
</tbody>
</table>

Table 2: Guidelines to guide breathing and in the medical record

<table>
<thead>
<tr>
<th>Condition</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td>Use short, clear instructions</td>
</tr>
<tr>
<td>Heart disease</td>
<td>Monitoring of heart rate</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Monitoring of blood sugar</td>
</tr>
</tbody>
</table>

Table 3: Nonpharmacological interventions to relieve breathlessness and exercise capacity

<table>
<thead>
<tr>
<th>Condition</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td>Use respiratory exercises</td>
</tr>
<tr>
<td>Heart disease</td>
<td>Diet changes</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Physical activity</td>
</tr>
</tbody>
</table>

Full slideset available

New desktop helper 2022

Full slideset available
Launched May 2022

Two tools project

Personalised and safe care, delivering a better experience for people living with COPD
Two tools project: purpose and inspiration

- Start new conversations
- Challenge the status quo

Created by IPCRG Steering Group, supported by educational grant from Boehringer Ingelheim
Patient communication side
Draws on:
- WHO-recommended OARS model for motivational interviewing
- Leventhal’s common sense model 5 questions
- Fletcher & Peto
- GOLD 2022
- Co-design with primary care and patients

Draft released for clinical and patient engagement May 2022
Clinical decision-making side

Draws on:

- GOLD 2022
- Primary care and patient co-design
The Chronic Obstructive Pulmonary Disease (COPD) Right Care Wheel has been developed by the clinically led, International Primary Care Respiratory Group (IPCResG) as a quick help for prescribing choices.

The tool is intended to support health care prescribers who know people with COPD need inhaler medication but are unsure which option to choose, and to help clinicians develop their COPD consultation skills by working with people with COPD to understand what the condition is, what might happen to them and to improve their adherence to therapies.

As part of a growing social movement approach we are having these conversations between prescribers, COPD educator, pharmacists and people with COPD in five countries. Try and see how you can use it to get a conversation going.

The guidance provides potential steps and questions to ask when using the tool. Tailor it to the person you are speaking to.

More information can be found at www.ipcrg.org/COPDRightCare where there is a short video showing the use of the Wheel.

Good luck with your conversations and thank you for participating.

The COPD Right Care Team April 2022

Further Reading

Please refer to your national guidelines on COPD if you require further information. If you do not have one, please refer to the GOL D Report and Pocket Guide from the Global Initiative for Chronic Obstructive Lung Disease which is updated annually.

To find out more about COPD Right Care go to www.ipcrg.org/copdrightcare

The wheel is currently a prototype and will be reviewed in a number of settings and feedback gathers impact on the tool. Details as to how this will be done are in development.

Created and Designed by IPResG www.ipcrg.org

COPD Right Care is COPDInEurope, Regent House

Available at
https://www.ipcrg.org/resources/search-resources/copd-right-care-wheel-guidance-notes

Guidance Steps

The wheel has two sides:

- Side A to assist with prescribing, with a rotating inner wheel
- Side B to assist with patient conversations and motivational interviewing

Side A
To assist with prescribing, with a rotating inner wheel

Step 2

- Choose one of the 3 phenotypes on the outer ring of the inner wheel and then move it to match with the correct prescribing pathway (aligning using the colour coding, with asthma, yellow, predominant breathlessness, blue, dark red exacerbations or blue hospitalizations, pink).
- Also consider blood eosinophil levels: >300 or >500 and adjust the ring.

Parameters are based on the GOLD 2022 guidance below and when taken account of will make treatment more personalized and reduce over prescribing of ICS.

Factors to consider when initiating ICS treatment in combination with one or two long acting bronchodilators since the scenario is different when considering OCS withdrawal.

- Inhaled corticosteroids for mild to moderate persistent COPD.
- Moderate exacerbations and exacerbations and hospitalizations in COPD.
- Inhaled corticosteroids for COPD per year.
- Inhaled corticosteroids for COPD per week.
- Inhaled corticosteroids for COPD per month.

Step 3

- Check and assure yourself you are choosing the right and safest pathway.

Side B
To assist with patient consultation and motivational interviewing

Step 8

- Reflect on what I can do about it and what COPD has cost me.
- What do I most care about.
- What do I most want to achieve.
- How do I achieve these goals.
- What are my key priorities.
- What do I most want to achieve.
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- How do I achieve these goals.
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Original blue small steroid card already existed in UK

Discharge planning / Community use

Patient and carer advice points

- Patients expected to be taking corticosteroids for more than 3 weeks should be given a Steroid Treatment Card and the leaflet contained in the manufacturer’s packaging.

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https://www.palliativecareguidelines.scot.nhs.uk/guidelines/medicine-information-sheets/dexamethasone.aspx
The respiratory network in London, the London Respiratory Team (LRT), identified that the original blue steroid treatment card was inappropriate for use in patients with COPD on high dose ICS. A patient safety card was drafted along with prescribing guidance including all the factors for safe and effective ICS use. This was piloted in both hospital and primary care settings and then redrafted.

Aim of the ICS patient safety card

The card is written for patients, so that they understand the benefit of, and how to minimise, the potential harms of treatment, particularly adrenal suppression. At the same time there is an underlying objective that the process of attempting to issue the card would prompt a prescriber to consider whether the high dose of ICS is actually required, or whether a lower dose used appropriately would provide similar efficacy, with fewer side effects. Ideally this would result in avoiding the need to issue the steroid card in all but a few patients.

Inhaled Corticosteroid Safety
Information for Adults

Inhaled corticosteroid agents are very important in the treatment of respiratory conditions such as asthma and sometimes, chronic obstructive pulmonary disease (COPD). They act by reducing inflammation and preventing symptoms from developing. Corticosteroid sprays are also used for nasal conditions such as sinusitis and hayfever. Generally, they are very safe and free from serious side effects when used in standard doses.

Inhaled corticosteroids can cause local side effects such as sore throat, hoarse voice or oral thrush (sore white patches in the mouth). The risk of these side effects may be reduced by using a spacer device with aerosol inhalers (MDI’s) that contain corticosteroids, and rinsing your mouth out with water (and spitting out) after using any corticosteroid inhaler. Prolonged use of inhaled corticosteroids may lead to easy bruising or thinning of the skin, especially in older people. Very rarely, higher doses of inhaled corticosteroids may temporarily reduce your body’s ability to produce its own corticosteroids when under stress, such as in severe illness or undergoing surgery, or to fight off some infections (e.g. chickenpox).

If you become ill for any reason, be sure to alert the medical staff. Always check your card to see if you are using higher doses of inhaled corticosteroid. You are told to do this at regular intervals. If you are not able to read your card, it may be helpful to keep it in a container together with your inhaler.

You have been given this safety card because you are taking a high dose of inhaled corticosteroid.

It is important that you do NOT stop using your inhaled corticosteroid suddenly, particularly if you have been taking this medication for more than 3 weeks. Be sure to get your repeat prescription of your inhaler before it runs out.

Always carry this card with you and show it to your medical team if you become ill.
<table>
<thead>
<tr>
<th>Product</th>
<th>Dose/Description</th>
<th>Low adult steroid dose</th>
<th>Medium adult steroid dose</th>
<th>ICS + LABA</th>
<th>Price/30 days* (based on 4 puffs/day)</th>
<th>Steroid safety card</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fostair NEXThaler 100 micrograms / dose</td>
<td>6 micrograms / dose dry powder inhaler (Chiesi Ltd) 120 dose</td>
<td>Low adult steroid dose</td>
<td>Medium adult steroid dose</td>
<td>ICS + LABA</td>
<td>£23.35 / 30 days (based on 4 puffs/day)</td>
<td>Not always required, recommended for medium doses</td>
</tr>
<tr>
<td>Beclometasone 100 micrograms / dose + Formoterol 6 micrograms / dose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Luforbec 100 micrograms / dose / 6 micrograms / dose inhaler (Lupin Healthcare (UK) Ltd) 120 dose</td>
<td>Low adult steroid dose</td>
<td>Medium adult steroid dose</td>
<td>ICS + LABA</td>
<td>Pressurised aerosol inhaler (MDI)</td>
<td>£23.45 / 30 days (based on 4 puffs/day)</td>
<td>Not always required, recommended for medium doses</td>
</tr>
<tr>
<td>Beclometasone 100 micrograms / dose + Formoterol 6 micrograms / dose</td>
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<td></td>
<td></td>
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<tr>
<td>Fostair 100 micrograms / dose / 6 micrograms / dose inhaler (Chiesi Ltd) 120 dose</td>
<td>Low adult steroid dose</td>
<td>Medium adult steroid dose</td>
<td>ICS + LABA</td>
<td>Pressurised aerosol inhaler (MDI)</td>
<td>£29.99 / 30 days (based on 4 puffs/day)</td>
<td>Not always required, recommended for medium doses</td>
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<tr>
<td>Beclometasone 100 micrograms / dose + Formoterol 6 micrograms / dose</td>
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<tr>
<td>Qvar 100 Autohaler (Teva UK Ltd) 200 dose</td>
<td>Medium adult steroid dose</td>
<td>High adult steroid dose</td>
<td>ICS</td>
<td>Pressurised aerosol inhaler (MDI)</td>
<td>£7.75 / 30 days (based on 4 puffs/day)</td>
<td>Not always required, recommended for medium doses; required for higher doses</td>
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<tr>
<td>Beclometasone 100 micrograms / dose</td>
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<tr>
<td>Qvar 100 Easi-Breathe inhaler (Teva UK Ltd) 200 dose</td>
<td>Medium adult steroid dose</td>
<td>High adult steroid dose</td>
<td>ICS</td>
<td>Pressurised aerosol inhaler (MDI)</td>
<td>£10.33 / 30 days (based on 4 puffs/day)</td>
<td>Not always required, recommended for medium doses; required for higher doses</td>
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<tr>
<td>Beclometasone 100 micrograms / dose</td>
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<tr>
<td>Clenil Modulite 100 inhaler (Chiesi Ltd) 200 dose</td>
<td>Low adult steroid dose</td>
<td>ICS</td>
<td>Pressurised aerosol inhaler (MDI)</td>
<td>£4.45 / 30 days (based on 4 puffs/day)</td>
<td>Not normally required</td>
<td>Not always required, recommended for medium doses; required for higher doses</td>
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<tr>
<td>Beclometasone 100 micrograms / dose</td>
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<tr>
<td>Kelhale 100 inhaler (Cipla EU Ltd) 200 dose</td>
<td>Medium adult steroid dose</td>
<td>High adult steroid dose</td>
<td>ICS</td>
<td>Pressurised aerosol inhaler (MDI)</td>
<td>£3.12 / 30 days (based on 4 puffs/day)</td>
<td>Not always required, recommended for medium doses; required for higher doses</td>
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<tr>
<td>Beclometasone 100 micrograms / dose</td>
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https://www.rightbreathe.com/?s= #asthmarightimage
Since then, this has continued to be used by respiratory teams across the UK to prompt prescriber reflection about prescribing high dose inhaled steroids for COPD.

Meanwhile, the UK NHS has now updated the NHS steroid card – for non-respiratory conditions – this doesn’t have same aim of prompting reconsideration of whether high dose is actually needed.
Brief rationale:

https://www.endocrinology.org/media/4091/spssfe_supporting_sec_final_10032021-1.pdf

Some patients who take oral, inhaled or topical steroids for other medical conditions may develop secondary adrenal insufficiency and be steroid dependent; new guidance, clarifies which patients may become steroid dependent. Omission of steroids for patients with adrenal insufficiency can lead to adrenal crisis; a medical emergency which if left untreated can be fatal. Patients with adrenal insufficiency require higher doses of steroids if they become acutely ill or are subject to major body stressors, such as from trauma or surgery, to prevent an adrenal crisis.

Recently published national guidance promotes a new patient-held Steroid Emergency Card to be issued by prescribers. This helps healthcare staff to identify appropriate patients and gives information on the emergency treatment to start if they are acutely ill, or experience trauma, surgery or other major stressors.

Useful resources:


Process map: Implementing the steroid card NPSA Alert:

Blue Steroid treatment cards and the London respiratory network card. The blue Steroid Treatment Card (figure 2) and the London Respiratory Network Card (https://www.networks.nhs.uk/nhs-networks/london-lungs/documents/high-dose-inhaled-corticosteroid-alert-card-order-form) are unaffected by the introduction of the NHS Steroid Emergency Card (figure 1). Patients should keep these, if advised by their healthcare team whilst implementation of the new Steroid Emergency Card takes place. Patients being prescribed steroids outside the scope of this alert, would still be eligible for the blue standard Steroid Treatment Card. The blue Steroid Treatment Card gives patients guidance on minimising the risks when taking steroids and also provides details of the prescriber, drug, dosage and duration of treatment.

**Figure 1: Steroid Emergency Card**
A key learning point is that approx. 15% of patients with asthma need to be on high doses and you can achieve 90% of the ICS dose response curve with low doses, if inhaler technique is optimised:
