ASTHMA RIGHT CARE
AN IPCRG INITIATIVE

4C-ABLE

(Foreseeable)

COPD RIGHT CARE
AN IPCRG INITIATIVE

2 Step Systematic Review and Consultation Model for patients with asthma or COPD

The availability of primary care records of patients with asthma and COPD has transformed consultations for review of their disease. We know that many patients may have the incorrect diagnosis, may not have had evidence-based value interventions, or be on medications that are not appropriate for their stage of disease (either too much or too little). Thus patients are at risk of being treated for the wrong condition, be at risk of side-effects from the wrong medications or may not receive the best evidence-based treatment.

4C-ABLE (pronounced “foreseeable”) is a two-step approach to structure consultations. Step one is done without the patient using their records to prepare for the consultation and to help prioritise. Step two is with the patient. This 2 step approach ensures that the information necessary to conduct a meaningful review has already been obtained before the patient enters the room. This maximises the time spent with the patient to explore their understanding of the disease, their aims for the treatment, the barriers that may exist to prevent them achieving those aims, and finally an agreed plan of action.

The 4C steps should be clearly documented to save time repeating this process, and the results of the ABLE consultation can be easily recorded on a template to inform the next consultation.

Developed by Vince Mak, Consultant Physician in Respiratory Care

International Primary Care Respiratory Group
IPCRG Est. 2001 work locally collaborate globally

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4C

The first step (4C) involves interrogating the electronic primary care record of the patient prior to them entering the room to determine if they have the correct diagnosis, their stage of disease, and how effective their current treatment is in controlling their disease.

CONFIRM diagnosis and stage disease

CURRENT treatment (pharmacological and non-pharmacological)

CONTROL assess level

COMPLIANCE assess level

ABLE

The second step (ABLE) involves consulting with the patient to determine what they understand of the disease, what they would like to achieve, the barriers that may prevent this from happening and then agreeing a way forward to help achieve those goals.

AGREE aims

BARRIERS to success

LEARNING and self efficacy

EMEND management

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4C-ABLE ASTHMA

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Notes review – without patient to prioritise who to see in person

CONFIRM diagnosis and stage disease using:

1. Spirometry/Peak flow
2. Secondary care review/letters
3. RCP 3 questions/ACT score and exercise tolerance
4. Current treatment level

CURRENT treatment (pharmacological and non-pharmacological)

1. Smoking status
2. Triggers
3. Atopy
4. Current medication

Assess level of **CONTROL**

1. Number of admissions/A&E visits for asthma in last 2 years
2. Number of courses of oral steroids for asthma in last 2 years
3. Number of salbutamol inhalers in last 12 months

COMPLIANCE/CONCORDANCE - assess level

1. Number of ICS/LABA+ICS in last 12 months
2. Spacer used if appropriate
3. Inhaler technique last checked?

In person review

AIMS - agree

1. What would patient like to achieve?
2. What are their feasible goals?

BARRIERS to success:

1. Achieving their aims
2. Stopping smoking
3. Good concordance with medication

LEARNING self efficacy

1. Assess understanding of disease and trigger factors
2. Do they know how to identify exacerbation and use of self management plan
3. When to call for help
4. Provide self management plan

EMEND management

1. Is dose of ICS or ICS/LABA correct?
2. Is additional step up therapy required?
3. Asess for co-morbidities (e.g. rhinitis, GORD etc)
4. Is further investigation required for advanced management (e.g anti-IgE, ABPA)

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4C-ABLE COPD

COPD RIGHT CARE
AN IPCRG INITIATIVE

Notes review – without patient to prioritise who to see in person

CONFIRM diagnosis and stage disease using:

1. Spirometry/lung function available
2. Secondary care review/letters
3. MRC score and exercise tolerance
4. O2 sats
5. Historical eosinophil count (eosinophil >0.3)

CURRENT treatment (pharmacological and non-pharmacological)

1. Smoking status
2. Flu/pneumonia vacination
3. Pulmonary rehab within last 18 monhts
4. Current medication

CONTROL - assess level

1. Number of admissions/A&E visits for chest conditions in last 2 years
2. Number of courses of antibiotics for chest infections in last 2 years
3. Number of courses of steroids for chest condition in last 2 years
4. Any episodes of pneumonia in last 2 years if on ICS/LABA

COMPLIANCE/CONCORDANCE - assess level

1. Number of salbutamol inhalers in last 12 months
2. Number of LAMA/LABA/LABA+ICS in last 12 months
3. Spacer used if appropriate
4. Inhaler technique last checked?

In person review

AIMS - agree

1. What would patient like to achieve?
2. What are their feasible goals?

BARRIERS to success:

1. Achieving their aims
2. Stopping smoking
3. Pulmonary rehabilitation

LEARNING self efficacy

1. Assess understanding of disease and factors influencing progression
2. Do they know how to identify exacerbation and use of rescue packs
3. When to call for help
4. Top tips for winter

EMEND management

1. Can dose of ICS/LABA be stepped down?
2. Can ICS be withdrawn or introduced?
3. Optimise with dual bronchodilator if symptomatic
4. Is oxygen assessment required (if sats <92%
5. Is further Ix required for advanced management (e.g CT for LVRS)
6. Assess for co-morbitities (bronchiectasis, GORD, asthma)

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