QualiCCare; Improving Care in Chronic Obstructive Lung disease: CAROL
Improving processes of care and quality of life of COPD patients in primary care – a cluster randomized trial

Summary / Zusammenfassung
Background
Chronic obstructive pulmonary disease (COPD) is among the leading causes of morbidity and mortality worldwide associated with enormous economic costs. COPD is often undiagnosed and if diagnosed attention in COPD is mainly directed to acute and reactive treatment and not to proactive, collaborative care. For example, COPD management is often targeted on treating acute exacerbations of COPD, while little emphasis is paid to educate patients about prevention with smoking cessation, influenza vaccination, physically activity, early recognition of exacerbations and adequate self-management. We recently identified and reported on these gaps in COPD management in Swiss primary care. In addition significant variations in care at discharge following admission to hospital with acute exacerbation of COPD exist and influence patients’ outcomes.

Variations and gaps in care lead to increased morbidity and excessive use of health care resources implying a role for a systematic quality improvement approach. The national quality initiative “QualiCCare” was launched by the SWISS health ministry thinking about systemic quality improvement and defining a set of “best practice standards” to help implementing evidence based care for patients with COPD (figure 1).

Disease-targeted collaborative quality strategies in COPD have not been subject of implementation and evaluation in Switzerland. We therefore pilot the implementation of the “QualiCCare” COPD quality improvement approach in the canton of Zurich and evaluate the effects on processes and quality of life in patients with chronic obstructive lung disease (COPD).

Hypotheses
Organizational participation in a disease-targeted collaborative chronic care quality initiative (“QualiCCare”) will improve processes of care (“key elements” in detail: diagnosis, proactive and multifactorial COPD management, smoking cessation, influenza vaccination, pulmonary rehabilitation and patient education, appropriate pharmacotherapy and integration of care) and health related quality of life in patients with COPD.

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