

Continuing Professional Development Guide:

Practice Report – COPD Pharmacological Management

Name:	
AHPRA number:	

Your MedicineInsight **Practice Report: Chronic Obstructive Pulmonary Disease (COPD) Pharmacological Management** offers valuable insights for improving patient care while earning Continuing Professional Development (CPD) hours.

This activity is designed on your practice data and is easy to document for CPD purposes.

The key to success in continuous quality improvement is small, practical steps. For COPD, this might be examining a process that improves how your practice aligns prescribing with the COPD-X stepwise management approach, particularly regarding the best practice use of Inhaled Corticosteroids (ICS).

By choosing one area to focus on, making targeted changes, and measuring the results, you can deliver even better care for your patients with COPD.

How to use this Quality Improvement (QI) Guide

You can use the *Practice Report* and QI Guide individually or present it at your next practice meeting. Involving the whole team will enable all participating GPs to claim CPD hours, allow collective brainstorming, and promote coordinated action.

This COPD CPD activity covers the PLAN and DO parts of a PDSA (Plan, Do, Study, Act) cycle.



RACGP CPD Approved Activity

Educational Activities	Reviewing Performance	Measuring Outcomes
2 hours	5 hours	10 hours



This activity is accredited for **17 CPD hours** under the RACGP and ACRRM CPD Programs

What you can claim:

- Measuring Outcomes (MO): 10 hours
 - Analysing and reflecting on your COPD patient data
- Reviewing Performance (RP): 5 hours
 - Comparing your current care to guidelines and peers
 - Reflecting on areas for improvement
- Educational Activities (EA): 2 hours
 - Using current guidelines and standards

After two to three months, we suggest you review your updated COPD report via your secure MedicineInsight online dashboard. As a MedicineInsight participant, you will have received an invitation to access this dashboard via email. If you have not received it or need some support onboarding to the dashboard, please contact MedicineInsight on 1300 721 726 or email medicineinsight@safetyandquality.gov.au

Seeing the impact of your QI activity will help refine it and enable completion of the STUDY and ACT components – contributing to your CPD hours (we suggest 10 MO hours, 5 RP hours, 2 EA hours).

QI CPD Activity Structure

Four simple steps

1. Review your MedicineInsight *Practice Report: COPD Pharmacological Management*
2. Use the included “COPD Stepwise Management” Quality Improvement activity, or design your own
3. Complete the activity using our template
4. Submit documentation to your CPD Home as a “quick log” activity

Getting started

Review your MedicineInsight *Practice Report: COPD Pharmacological Management*.

The comparative data in your report will help you ask questions and develop QI activities that are meaningful to you and your patients. By highlighting where you're doing well and where there's room for improvement, it may trigger a closer look into your practice processes that may lead to meaningful change. Look for one area where a small change could benefit your patients and feels achievable.

Consider using the included "Stepwise COPD management" QI CPD activity to see if it can address a gap for you and your patients.

Questions about COPD ICS you could reflect on:

- How does your practice currently approach the stepwise management of patients with COPD?
- What are your current processes for identifying patients with COPD (without concurrent asthma) who are prescribed ICS+LABA or ICS+LABA+LAMA* (triple therapy)?
- How do you ensure patients with COPD (without concurrent asthma) are trialed on LABA+LAMA (dual long-acting bronchodilator) therapy *before* ICS is considered for triple therapy?
- Are you documenting exacerbation rates (e.g., ≥ 1 severe or ≥ 2 moderate in the last 12 months) in the medical record before triple therapy initiation?
- Could you consider ICS deprescribing for appropriate patients with COPD (without concurrent asthma) who are currently prescribed ICS containing therapies (i.e.: ICS+LABA or ICS+LABA+LAMA)?
- When appropriate to consider deprescribing ICS, what are the barriers?

Here are some possible goals to consider:

- Identify practice patients with COPD (without asthma) currently prescribed ICS+LABA, aiming to optimise treatment for at least [insert target number or %] of these patients within [insert timeframe, e.g., 3-6 months] by either transitioning to dual bronchodilators (LABA+LAMA) or justifying continued ICS use with documented exacerbation history and blood eosinophil count.
- Audit patients currently on triple therapy (LABA+LAMA+ICS) to ensure [insert target %] meet the criteria of ≥ 1 severe or ≥ 2 moderate exacerbations in the past 12 months plus persistent symptoms on dual long-acting bronchodilator therapy, documenting exacerbation history in the clinical record for future reference.
- Identify patients coded in the EMR as having COPD who have not had any inhaler prescriptions in the last 12 months and conduct clinical assessments for at least [insert target number or %] of these patients within [insert timeframe, e.g., 4 months], including reviewing diagnosis/spirometry, implementing an objective assessment tool (such as mMRC and/or CAT) and initiating appropriate pharmacological therapy according to symptoms and stepwise guidelines.

Alternatively, your MedicineInsight report data may have inspired you to pursue a small but high impact change focused on another area, such as antibiotic prescribing in COPD exacerbations. Use the blank template provided at the end of this guide to help design your own QI CPD Activity.

For more information visit safetyandquality.gov.au/MedicineInsight or contact MedicineInsight@safetyandquality.gov.au.

*Medicines Glossary

Acronym	Medicine names and brand names
LAMA Long-acting muscarinic antagonist	tiotropium (Spiriva [®] , Braltus [®]) aclidinium (Bretaris [®]) glycopyrronium (Seebri [®]) umeclidinium (Incruse [®])
LABA Long-acting beta agonist	salmeterol (Serevent [®]) indacaterol (Onbrez [®]) formoterol (Oxis [®] , Foradil [®])
LAMA/LABA	indacaterol/glycopyrronium (Ultibro [®]) tiotropium/olodaterol (Spiolto [®])
	umeclidinium/vilanterol (Anoro [®]) aclidinium/formoterol (Brimica [®])
ICS/LABA	fluticasone propionate/salmeterol (Seretide [®] , Salflumix [®] , Ciplaer [®] , Pavtide [®] , Evocair [®]) fluticasone furoate/vilanterol (Breo [®]) budesonide/formoterol (Symbicort [®] , DuoResp [®] , Buformix [®] , BiResp [®]) beclometasone/formoterol (Fostair [®]) fluticasone propionate/formoterol (Flutiform [®]) mometasone/indacaterol (Aectura [®])
ICS/LAMA/LABA	fluticasone furoate/umeclidinium/vilanterol (Trelegy [®]) beclometasone/glycopyrronium/formoterol (Trimbow [®]) mometasone/glycopyrronium/indacaterol (Enerzair [®]) budesonide/glycopyrronium/formoterol (Breztri [®])

MedicineInsight Practice Report: COPD CPD Guide

Quality Improvement Planning Template: Stepwise COPD Management

Plan the test	
PLAN	<p>What are you trying to achieve?</p> <p><i>By answering this question, you will develop your GOAL for improvement.</i></p> <p><i>It is important to establish a S.M.A.R.T. (Specific, Measurable, Achievable, Relevant, Time bound) and people-crafted aim that clearly states what you are trying to achieve.</i></p>
	<p>Our MedicineInsight data shows ____ % of our patients with COPD (without asthma) have been prescribed ICS+LABA. Our data also shows ____% of patients prescribed triple therapy were not previously prescribed dual LAMA+LABA.</p> <p>Choose this specific goal, or develop your own:</p> <p><i>Within the next [Insert Timeframe, e.g., 3 months], identify regular practice patients with COPD (without asthma) currently prescribed ICS+LABA. Review and optimise treatment for at least [Insert Target Number or %] of these identified patients and either transitioning to dual bronchodilators (LABA+LAMA) where appropriate, or document justification for continued ICS use, based on exacerbation history and blood eosinophil count.</i></p>
	<p>What will you do to achieve it? (What changes will you make? Who will do it and when?)</p> <p><i>By answering this questions, you will develop IDEAS for change.</i></p> <p><i>Tip: Engage the whole team in formulating change ideas using tools such as brainstorming, driver diagrams or process mapping. Include any predictions and measure their effect quickly.</i></p>
	<p>Consider these ideas or develop your own:</p> <ul style="list-style-type: none"> • <i>Team Meeting: Discuss current MI report data, CCS guidelines, and stepwise management and risks of ICS (e.g. pneumonia). Review barriers to ICS deprescribing. Agree on goal and actions.</i> • <i>Identify patients: Practice Nurse to run a search in Electronic Health Record (EHR) for patients coded with COPD (excluding asthma) who have a current prescription for ICS+LABA.</i> <p><i>Recall/Opportunistic Review: Reception to flag identified patients for Nurse/GP review when booking. Practice Nurse to discuss and book a specific “COPD medicines review” appointment.</i></p>

Do the test on a small scale

DO

Was the plan completed?

Consider what worked well and why.

Document any unexpected observations, events or problems.

For example:

"Held team meeting, identified [Number] patients on ICS+LABA without asthma. Downloaded COPD ICS Deprescribing guide. Initiated recall/flagging system".

"Worked well: EHR search was effective. GPs found the 'Guide to Deprescribing ICS' useful".

"Challenges: Difficulty contacting some patients for recall. Some patients reluctant to change inhalers they had used for a long time. [Number] patients declined review".

Analyse the results

What do the results tell you?

Analyse results, compare them to predictions, and reflect on what you learned.

For example:

“We successfully reviewed [Number] patients and switched [Number] to LABA+LAMA. [Number] patients were evaluated as appropriate to stay on ICS (e.g. due to exacerbation history)”.

“The next MI report showed the percentage of patients prescribed LABA+LAMA increased from [Current %] % to [New %] %.”

“Learnings: Patient education on why we are considering changing the inhaler is a key issue. We need a better strategy to explain the change in guidelines (including the lack of benefit and the risks, including pneumonia.”

Plan for the next step	
ACT	<p>Based on your learnings from the test, what will you do next (e.g. adapt, adopt or abandon)?</p> <p><i>How does this inform the plan for your next PDSA?</i></p> <p><i>For example:</i></p> <p><i>“Adapt: Refine patient COPD education material. Create a clear, simple script for reception/nurses to use when booking the COPD medicines review. Investigate pharmacist-led medicines reviews (e.g.: referral for HMR) to help manage patient concerns.”</i></p> <p><i>“Adopt: Continue using the EHR search and opportunistic flags for all patients with COPD on ICS+LABA.”</i></p> <p><i>“Next PDSA Cycle: Focus on the other identified issue: ensuring new patients are trialled on LABA+LAMA before triple therapy is commenced.”</i></p>

MedicineInsight *Practice Report*: COPD CPD Guide

Quality Improvement Planning Template: *[Insert your own project title here – for example: “COPD & Medicines Review,” “COPD & Spirometry”]*

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For more information

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