

Title: CHRONIC OBSTRUCTIVE PULMONARY DISEASE ASSESSMENT IN PRIMARY CARE TO IDENTIFY UNDIAGNOSED RESPIRATORY DISEASE AND EXACERBATION RISK (CAPTURE*): USING MULTI-METHOD QUALITATIVE ASSESSMENT OF A NEW COPD SCREENING TOOL IN PRIMARY CARE PRACTICE TO GAUGE EDUCATION AND IMPLEMENTATION READINESS

Authors: Janani Muthaiya, MPH¹, Bruce G. Bender, PhD², Barry J. Make, MD², Barbara P. Yawn, MD, MSc, MSPH³, Randall W. Brown, MD, MPH, AE-C¹

¹University of Michigan School of Public Health, ² National Jewish Health, ³ University of Minnesota

*Funding provided by: National Institutes of Health (NIH) – NHLBI 1R01HL136682

Background: Failure to diagnose COPD, including mislabeling it as asthma, is common and can involve all levels of primary care clinic staff. As part of the CAPTURE validation study funded by NIH we describe how workflow reviews, patient opinion surveys, staff questionnaires, focus groups and use of case-based vignettes cohesively form a robust real-world practice implementation methodology. We employ this multi-method qualitative approach to inform strategies for education, dissemination and implementation of the CAPTURE tool after study completion.

Program Audience/Size: 200 patients, age 45-80 years and without prior diagnosis of COPD; and, 150 primary care clinic staff are enrolled in the CAPTURE study from 5 practice-based research networks (PBRNs) located in Oregon (1), California (1), Colorado (1), and North Carolina (2).

Evaluation Tools:

On-site Practice Assessment: details specifics of practice workflow, staff roles, information gathering, health record communication, continuing education, and quality improvement.

Clinical Staff Questionnaires: items include COPD knowledge, attitudes, practice patterns and self-efficacy regarding COPD diagnosis, management, respiratory testing and interpretation, practice workflow and communication.

Patient Opinion Surveys: patients without known COPD receive surveys after CAPTURE is administered. Questions include ease of understanding, performance and reporting preferences.

CAPTURE Introduction Focus Groups: 45-minute focus groups introduce the CAPTURE screening tool to clinic staff. Candidate themes are developed for prescribing and non-prescribing clinic staff and presented separately to allow detailed discussion of clinical roles.

CAPTURE Implementation PBL Cases: analyses of introduction focus groups, staff questionnaires, patient opinion surveys, and practice assessments; five problem-based learning (PBL) cases are developed by the study team.

CAPTURE Implementation PBL Focus Groups: each primary care practice participates in a final focus group pooling all clinic staff. PBL cases are presented and focus group discussion generates optimal 1) CAPTURE implementation, 2) CAPTURE clinical communication, 3) CAPTURE/COPD education and 4) CAPTURE primary care quality improvement recommendations.