

8.27 Enhanced Identification and Stratification of Patients with COPD in General Practice

Maureen O'Reilly¹, Thomas Hughes², Darren Curran², Catherine Duffy², Patricia Healy³, Eavan Daly¹
¹GlaxoSmithKline (Ireland) Ltd, Dublin, Ireland. ²IQVIA Interface Clinical service, Reading, United Kingdom. ³IQVIA RDS Ireland Limited, Dublin, Ireland

Background: COPD accounts for a greater number hospitalisations in Ireland than that for cardiovascular & non-lung cancer cases combined¹. Ireland has the 4th highest hospitalisation rate for COPD among selected OECD countries². Whilst COPD is not curable, it is treatable & early diagnosis and treatment helps to improve patient outcomes.³ **Methods:** Using a bespoke digital platform, via a non-promotional service funded by GlaxoSmithKline (Ireland) Ltd, accurate identification and stratification of COPD patients was completed based on data points such as internal practice coding and/or prescribed medication. Identified patients were then verified through GP chart review. **Results:** 75 GP practices participated with 5,498 patients noted as having a prior coded diagnosis of COPD. An additional 4,469 patients were identified and confirmed for diagnostic coding based on clinical data. 2,064 patients were reviewed in service nurse clinics. 55% of patients received ≥ 1 pharmacological interventions and 94% of patients received ≥ 1 non-pharmacological interventions. **Conclusions:** The work presented here demonstrates the clinical benefit of proactive case finding & coding to support register formation. Clinically risk stratifying patients to prioritise review based on disease markers supports the HSE's Enhanced Community Care directive & the proactive recall & management will help avoid unnecessary acute hospital admissions. **Keywords:** COPD, clinical stratification, coding, disease register. **Disclosures:** Funding – This service was funded by GlaxoSmithKline (Ireland) developed by IQVIA, IQVIA Interface & delivered as a Healthcare Support Service (as defined in the IPHA code) by IQVIA & IQVIA Interface **Conflict of Interest** – The authors declare that they have no conflict of interest.

References:

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- National Healthcare Quality Reporting System Report 2023
- National Institute for Health and Clinical Excellence (NICE) 2015 COPD Quality Standards and Indicators Briefing paper.