

**Multi-State Collaborative PI-CME Grants  
for Improvement in the Diagnosis and Management of COPD –  
Supported by Pfizer, Inc. and GlaxoSmithKline**

**Project Abstract**

**Project Name:** North Carolina Academy of Family Physicians

**Organization, City, State:** Raleigh, NC

**Project Title:** A COPD Practice Improvement Initiative

**Contact Person, e-mail address:**

**Participants:** 6 practices

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The COPD Practice Improvement Initiative was conducted by the North Carolina Academy of Family Physicians, Raleigh, North Carolina under the direction of Dr. Brian Forrest, MD, Facilitator. The contact person for the project is Marietta Ellis, Director of CME. Her e-mail address is [mellis@ncafp.com](mailto:mellis@ncafp.com). The COPD Practice Improvement Initiative includes two phases: the PI Initiative with the participating physicians and the subsequent educational events with primary care practitioners.

There were 10 practices invited to participate in the first phase of the program. The HIT-Global program is being used to support the participating physicians in this PI Initiative. The practices are evaluating their current management of COPD. Each physician collects data for 10 patients with COPD on 12 performance metrics. The physicians then complete a second practice questionnaire and review a second set of 10 patient charts. The data from this assessment is entered in a data collection program. As part of the HIT Global Program, each physician will determine his/her specific learning objectives in their individual action plan.

The second phase of the program were COPD educational events with over 500 primary care healthcare professionals taking part in this program at our 2011 spring and winter programs. Along with the educational program, there were specific learning objectives from the individual practices that were added to the spring and winter programs. One of the number # 1 outcomes was spirometry. Based on this, spirometry workshops became part of both programs with learning objectives of prevalence of asthma and COPD. The questions behind lung function testing were: "Why do we need spirometry?", "Which patients should we test?", "When should we order lung function

testing?”, “How do we perform testing?” and “How do we interpret test results?” Each workshop program was interactive with spirometry equipment available during the workshop.

Another outcome was to make available to practices the Global Initiative for Chronic Obstructive Lung Disease (GOLD) pocket guide to COPD Diagnosis, Management, and Prevention – A Guide for Health Care Professionals.