

19 December 2023

Australian Commission on Safety and Quality in Health Care
Level 5, 255 Elizabeth Street
Sydney NSW 2000

Via email: ccs@safetyandquality.gov.au

Dear Australian Commission on Safety and Quality in Health Care,

Re: COPD Clinical Care Standard Public Consultation

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to provide comments on the COPD Clinical Care Standard.

Set out below is the RACGP response to key consultation questions and some general comments for the Commission's consideration.

Question 3. Are the proposed indicators useful in supporting local clinical quality improvement activities? a. How could the indicators be improved?

Comments on specific indicators:

- Indicator 4b (p29, line 21) - We recommend consideration about whether a COVID booster should be part of this quality statement to provide consensus/best practice guidance and a measurable indicator for clinicians.
- Indicator 9a (p49, line 4) - Referring patients for pulmonary rehabilitation is an indirect measure. The proportion of patients who actually attend pulmonary rehabilitation would be a more direct indicator of quality care. Attendance will also indicate if appropriate and accessible referral processes have been followed.

General comment

Many of the indicators are reasonable but converting these to measurable and reproducible numbers requires detailed definitions of how the indicators are measured. This needs to be considered. For example, for Indicator 4a, the variation of date of availability of influenza vaccination means that recorded immunisation within 15 months is probably more representative than 12 months.

Question 4. The quality statements focus on areas identified by the Commission as being a priority for quality improvement. Are there additional areas or aspects of care that should be included? a. If so, please provide further detail.

Quality statement 1

The RACGP recommends:

- including other lung damaging agents known to cause pulmonary complications, such as amiodarone, in the list of risk factors on page 19, lines 32-41.

- emphasis be placed on identifying and excluding other causes of symptoms that have suggested COPD in the general background section and/or the background text of this quality statement. Alternatively, an additional quality statement can be added.

Quality statement 3

In general practice, patients should ideally have a comprehensive management plan rather than a disease-specific plan. Many patients may have multiple conditions in addition to COPD (e.g., cardiovascular disease) and benefit from a single comprehensive management plan for their unique combination of co-morbidities.

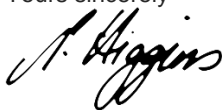
Question 6. Please provide any further comments you would like to make about this clinical care standard.

The RACGP recommends:

- in the context section, referring to the BOLD Study¹ which indicates COPD prevalence of 1 in 14 in Australians aged 40 years or older. This is a more accurate representation than the Australian Institute of Health and Welfare reference.
- including a clinical care standard about appropriate and inappropriate imaging in the context of COPD. The RACGP recognises there is likely both under and overuse of imaging as part of COPD management. The clinical care standard could address this gap.
- inclusion of taking a tobacco exposure history within Quality Statement 4. Patients with COPD might have had sufficient exposure to merit lung cancer screening. Some of these patients will be eligible to be included in the upcoming national lung cancer screening program.

Thank you again for the opportunity to provide comments on the COPD Clinical Care Standard. For any enquiries regarding this letter, please contact Stephan Groombridge, National Manager, Practice management, Standards and Quality Care on 03 8699 0544 or stephan.groombridge@racgp.org.au.

Yours sincerely



Dr Nicole Higgins
RACGP President

References

1. Toelle BG, Xuan W, Bird TE, Abramson MJ, Atkinson DN, Burton DL, et al. Respiratory symptoms and illness in older Australians: the burden of obstructive lung disease (BOLD) study. Med J Aust. 2013 Feb 18;198(3):144–8.