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SUBMISSION

Monday, 31 July 2023

AMA Submission to the Australian Commission on Safety and Quality in Health Care

Development of Chronic Obstructive Pulmonary Disease Clinical Care Standards

Emailed to: ccs@safetyandquality.gov.au

The AMA welcomes the opportunity to provide input to the development of the Chronic Obstructive Pulmonary Disease (COPD) Clinical Care Standard. The AMA supports the objectives of the Commission on Safety and Quality in Health Care (the Commission) in developing this standard to reduce hospitalisation rates for COPD through prevention and therapy optimisation, and to reduce inappropriate use of antibiotics in managing COPD exacerbations. This should supplement but not duplicate existing clinical standards developed by medical colleges.

General Principles

General practice plays a central role in the diagnosis of, treatment and management of chronic conditions such as COPD, and the coordination of patient care. General practice is normally the first point of contact for people with COPD, with potential for referral to diagnostic, non-GP specialist services, and allied health.

In the development of any clinical standards that impacts the care predominantly provided by general practitioners the AMA would like to see the Commission applying the undermentioned principles.

1. **Topic Working Groups include Independent GPs**

   To ensure that clinical standards are informed by those providing the initial and ongoing care it is important that the Commission's Topic Working Groups are Chaired or Co-Chaired by a GP and include at least three independent GPs, one of whom is a rural GP, and other independent non-GP specialists relevant to the condition. This reflects the central role GPs play in providing care that is comprehensive, longitudinal, and coordinated, acknowledging that GPs work

collaboratively with non-GP specialists and allied health professionals as part of multidisciplinary health care team.

Non-GP Specialists and allied health professionals likely to have a significant role in the management of the subject condition for which clinical standards are being developed should also be represented on the Topic Working Group.

2. **Non-duplication of existing clinical standards**

   There should be an identified need for any new clinical standard. Clinical standards developed by the Commission should not seek to duplicate or replace existing clinical guidelines or standards unless there are significant inconsistencies.

3. **Testing of clinical standards**

   To ensure the clinical standards work well in practice before being finalised and released they should be tested with grass-roots GPs (including GP Registrars) their health care teams, and non-GP specialists involved in care pathways across multiple locations including metropolitan, outer metropolitan, rural and remote areas. Testing should be conducted for at a least a year before the standard is fully implemented.

4. **Sufficient time for consultation**

   It is important for the Commission to provide sufficient time for consultation when developing standards. For example, the two weeks provided for the initial advice stage of this consultation is insufficient. GPs are increasingly time poor with workforce shortages and increasing administrative burdens. The AMA would recommend that at least one month is provided to ensure sufficient time to seek and obtain input from GPs and any other affected medical practitioners. Once the draft standards are developed two full months need to be allowed for the public consultation to ensure sufficient time for the organisation to review, identify key areas for attention, invite, receive, and compile feedback, prepare the submission, and circulate for clearance.

5. **Ease of implementation**

   Any clinical standard should be easily implemented and applicable in practice and recognise and reflect best practice clinical workflows.

Key Aspects for COPD Standard

At the highest level, the Standard should include the following aspects:

1. **Prevention**

   Key risk factors for developing COPD should be identified along with key clinical indicators for assessing and monitoring a patient's level of risk. Clinically relevant screening tools and preventative strategies should also be identified. Consideration should also be given to the use of patient activation and health literacy measures to support preventative activities tailored to the individual patient.

   The Standard should support and facilitate early intervention for those at risk, early diagnosis options, and the availability of resourced patient education and health care services. The AMA considers that GP led medical homes are part of the solution in preventing COPD, minimising exacerbations for those diagnosed, and improving health outcomes overall. The trusted and longitudinal relationship with the patient, the use of data to drive quality and the breadth of skills within GP led medical home enabling timely and supportive action to deliver improved health outcomes.

2. **Diagnosis**

   Key tests used for diagnosing CPD should be identified including the clinical indication for their use. Our members have identified the availability of early diagnosis options as a key gap in the treatment and management of patients with COPD.

3. **Shared decision making**

   Recognition should be given within the standard of the importance and value to patient outcomes of ensuring patients understand their treatment options and are included the decision-making process.

4. **Treatment and Management**

   The standard should acknowledge the importance of encouraging and supporting patients to self-manage their condition. It should also acknowledge

that existing co-morbidities will require GPs to exercise clinical discretion in relation to appropriate treatment options across the continuum from patient lifestyle modifications to pharmacological to surgical in the most extreme cases. The standard should recognise that management of the condition will likely involve health care services from a multidisciplinary health care team coordinated by the patient's GP. The standard should emphasise the importance of communication between the GP and other members of the health care team to optimise the care provide and to ensure services are not duplicated.

It should be noted the availability of resources to support patient education and care (e.g. chest physiotherapy, smoking cessation advice etc) has been identified by members as a limiting factor.

5. **Review**

The standard should be reviewed periodically to assess its ongoing relevance and applicability across the care sectors. The review should also take account of the standards promotion, take-up, impact on health outcomes and the quality and availability of resources to support health professionals and organisations to implement the standard and deliver care in line with the standard.

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Acknowledgements

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