Recommendations for Adoption: Chronic Obstructive Pulmonary Disease

Quality Standards

Recommendations to enable widespread adoption of this quality standard

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About This Document

This document summarizes recommendations at local practice and system-wide levels to support the adoption of the quality standard for chronic obstructive pulmonary disease (COPD).

At the local and regional levels, health care professionals and organizations in all applicable settings, local health integration networks (LHINs), and other health system partners are encouraged to use the quality standard as a resource for quality improvement. While many organizations and professionals may be offering the care described in the quality standard, the statements, related measures, and adoption supports are designed to help organizations determine where there are opportunities to focus their improvement efforts. The *Getting Started Guide* outlines the process for using this quality standard as a resource to deliver high-quality care.

An important next step will be to put the recommendations included in this document into action. In some situations, this may require a more detailed plan or new resources, or it may require leveraging or expanding existing programs. Many aspects of the quality standard represent care that can and should be made available today.

A monitoring and evaluation strategy is included in the final section, with suggested measures to monitor and track progress. Health Quality Ontario's Quality Standards Committee will review these regularly, including the actions needed to support implementation.

The Quality Standard for Chronic Obstructive Pulmonary Disease

This quality standard addresses care for people with chronic obstructive pulmonary disease (COPD), including the assessment of people who may have COPD. It provides guidance on the diagnosis, management, and treatment of COPD in community-based settings. The scope of this quality standard applies to primary care, specialist care, home care, and long-term care. This quality standard does not address care provided in an emergency department or hospital inpatient setting for the management of acute exacerbations of COPD.

Click here to access the quality standard.

In 2015, Health Quality Ontario and the Ministry of Health and Long-Term Care published an updated *Quality-Based Procedures: Clinical Handbook for COPD (Acute and Postacute)*, a document that provides guidance on the care for people with COPD while they are in hospital and after being discharged. The COPD quality standard aligns with this clinical handbook, which can be used in conjunction with the quality standard.

In partnership with the Ontario Palliative Care Network, Health Quality Ontario has developed the quality standard *Palliative Care: Care for Adults with a Progressive, Life-Limiting Illness,* which can be used with the COPD quality standard throughout the care journey of people with COPD. It is common for people with COPD to also have other health conditions. Health Quality Ontario has quality standards for some of these common comorbidities, such as dementia, heart failure (in development), and asthma (in development). All quality standards are available at hqontario.ca.

The Recommendations for Adoption

The purpose of these recommendations is to support the use of quality standards to promote practice improvement among health care professionals.[1-3] These recommendations aim to bridge the gaps between current care and the care outlined in the quality statements.

Click here to download the detailed process and methods guide for how the quality standard and recommendations for adoption were developed.

The recommendations for adoption were developed after a review of the available evidence on implementation and a scan of existing programs, as well as extensive consultation with the Chronic Obstructive Pulmonary Disease (COPD) Quality Standard Advisory Committee, The Lung Association—Ontario, key stakeholders, interviews with clinicians who work in this area, and public comment on the quality standard. (See Appendix A for further details on the development of these recommendations.)

These consultations raised common themes that highlighted a need for the following:

- Timely and accurate diagnosis of COPD via administration and interpretation of spirometry testing by trained health care professionals
- A comprehensive model of care that starts with prevention and early identification, followed by care tailored specifically to people with mild, moderate, or severe COPD. This model should also address comorbidities, such as mental health and other chronic conditions
- Enhanced coordination and collaboration among health care professionals as individuals transition between different care settings for the diagnosis, management, and treatment of COPD
- Greater awareness of existing community-based resources, services, and programs among health care professionals, individuals with COPD, and their family members and informal caregivers.

It is important to note that Bill 71—*Lung Health Act, 2017*—was passed in the Legislative Assembly of Ontario and received royal assent in December 2017. The passage of Bill 71 has enacted into law the establishment of an Ontario Lung Health Advisory Council, which will make recommendations related to lung health issues to the Minister of Health and Long-Term Care. The Act came into force in June 2018. There is an opportunity to advance the COPD quality standard through the Lung Health Advisory Council.

Several equity issues have been identified related to this quality standard topic:

- The availability of programs and services for COPD care across the province is limited in rural and remote communities. There are geographic barriers, such as the inability to travel long distances to access existing programs and services, preventing people from actively managing their condition
- Specific population groups, such as Indigenous peoples, Francophones, newcomers, and refugees, face barriers to accessing care as a result of multiple factors, namely unavailability of programs and self-management resources in different languages and lack of culturally safe care. Some of these population groups are disproportionately affected by poverty, social isolation, and precarious employment, and may face stigma associated with smoking, which in turn might also impact access to effective COPD care.
- Financial barriers and limited coverage by drug benefit programs may prevent individuals with COPD from starting or continuing medications to manage COPD symptoms and prevent or treat acute exacerbations of COPD. These financial barriers may also prevent people with COPD from using nicotine replacement therapy products and other pharmacotherapies to support smoking cessation

Specific adoption strategies should contribute to improvements or highlight opportunities to enhance equity. The French Language Health Services Planning Entity in each LHIN can be leveraged to support local planning, delivery, evaluation and improvement of French-language health services. Community Health Centres and Aboriginal Health Access Centres can support the development of culturally informed programs and self-management resources in multiple languages.

The adoption recommendations are organized as follows:

- Integrating the quality standard into practice
  - Access to care
  - Coordination of care
  - Quality improvement
- Education and training
- Policy and system planning

We describe three time frames for adoption: immediate (less than 1 year), medium term (1–3 years), and long term (more than 3 years).

Note that the organizations, programs, and initiatives referenced in this document are examples for consideration. They do not reflect all the organizations, programs, and initiatives doing work in this area.

Appendix B includes a list of these same recommendations aligned to specific organizations and groups.

1. French SD, et al. Developing theory-informed behaviour change interventions to implement evidence into practice: a systematic approach using the Theoretical Domains Framework. Implementation Sci. 2012;7:38. Available from: https://implementationscience.biomedcentral.com/track/pdf/10.1186/1748-5908-7-38?site=implementationscience.biomedcentral.com
2. Bero LA, Grilli R, Grimshaw JM, Harvey E, Oxman AD, Thomson M. Closing the gap between research and practice: an overview of systematic reviews of interventions to promote the implementation of research findings. BMJ. 1998;315:465-68.
3. National Implementation Research Network. Implementation Drivers. Chapel Hill (NC): FPG Child Development Institute, University of North Carolina [Internet]. [cited 2017 Feb]. Available from http://nirn.fpg.unc.edu/learn-implementation/implementation-drivers

Integrating the Quality Standard into Practice — *Access to Care*

Gap: Specific population groups face greater barriers to accessing care owing to inequities that relate to income and social status, social support networks, education, employment and working conditions, gender, culture, and social and physical environments.

Recommendation	Quality Statements	Action Needed By	Time Frame
Use the Health Equity Impact Assessment tool to maximize positive impacts and reduce negative impacts that could potentially widen health disparities between population groups.	All	**Leads:** Health care organizations Health care professionals **Support:** LHINs	Immediate

Integrating the Quality Standard into Practice — *Access to Care (continued)*

Gap: Access to spirometry can be a challenge in primary care and community-based settings, which may lead to underdiagnosis, overdiagnosis, or misdiagnosis of COPD. Some barriers to accessing spirometry include:

- Limited access to trained health care professionals who can appropriately administer and interpret spirometry results.
- Long wait lists in laboratories that offer pulmonary function tests
- Unavailability of spirometry equipment in different care settings, including primary and community care
- Challenges related to administering spirometry properly to individuals with comorbid conditions

Recommendations	Quality Statements	Action Needed By	Time Frame
Increase timely access to trained and qualified health care professionals who are able to administer and interpret spirometry. Enhance access to interprofessional care teams that include certified respiratory educators.	1: Diagnosis Confirmed With Spirometry 2: Comprehensive Assessment	**Lead:** LHINs **Support:** Health care organizations	Immediate

Integrating the Quality Standard into Practice — *Access to Care (continued)*

Gap: Multiple barriers influence access to pulmonary rehabilitation programs:

- Limited availability, particularly in rural and remote regions
- Lack of awareness of these programs and other supports available in the community
- Lack of standardized referral processes for these programs and other supports in the community

Recommendation	Quality Statements	Action Needed By	Time Frame
Conduct capacity planning to understand current gaps and support ongoing access to existing rehabilitative care and services, including maintenance programs, across the province. Use the *Capacity Planning Framework* developed by Rehabilitative Care Alliance to standardize planning across the LHINs.	9: Pulmonary Rehabilitation 12: Pulmonary Rehabilitation After Hospitalization for an Acute Exacerbation of COPD	**Leads:** LHINs Rehabilitative Care Alliance **Support:** Health care organizations	Medium term

Integrating the Quality Standard into Practice — *Access to Care (continued)*

Gap: Many people with COPD may not be able to access the care they need to appropriately or optimally manage their condition (including primary care, interprofessional care, and specialized respiratory care) owing to long wait lists and geographical barriers, particularly in Northern and remote communities.

Recommendation	Quality Statements	Action Needed By	Time Frame
Promote and monitor the uptake of programs, such as eConsult, eVisits, eCare, and telehomecare programs by enhancing awareness of these services among health care professionals.	3: Goals of Care and Individualized Care Planning 8: Specialized Respiratory Care 10: Management of Acute Exacerbations of COPD 11: Follow-Up After Hospitalization for an Acute Exacerbation of COPD	**Lead:** Ontario Telemedicine Network **Support:** Health care organizations Health care professionals	Immediate

Integrating the Quality Standard into Practice — *Access to Care (continued)*

Gap: There are a limited number of dedicated smoking cessation counsellors, and insufficient coverage of pharmacological interventions affects access to smoking cessation interventions; as a result, individuals with COPD who are interested in smoking cessation do not always receive the adequate pharmacological treatment and counselling support they need to stop smoking and maintain smoking cessation.

Recommendation	Quality Statements	Action Needed By	Time Frame
Assess the availability of smoking cessation programs, services, and counsellors in communities; where needed, build the case to expand these programs and services. Connect individuals who require pharmacological and nonpharmacological smoking cessation support to existing programs and services.	5: Promoting Smoking Cessation	**Lead:** LHINs **Support:** Health care organizations	Immediate

Adoption Considerations:

- *Clinical tools and resources that can support health care professionals in providing COPD care, including conducting a comprehensive assessment and making a diagnosis:*
  - *The Canadian Lung Health Test checklist*
  - *Clinical practice guidelines on COPD available through the Canadian Thoracic Society*
  - *COPD Assessment Test and the Medical Research Council's scale for the assessment of dyspnea*
- *Smoking cessation resources and programs:*
  - *The STOP Program, provided by the Centre for Addiction and Mental Health, which can connect individuals to free smoking-cessation medication and counselling*
  - *In Eastern Ontario communities, MyQuit.ca offers free coaching and support for smoking cessation*

Integrating the Quality Standard into Practice — *Access to Care (continued)*

Gap (continued): There are a limited number of dedicated smoking cessation counsellors, and insufficient coverage of pharmacological interventions affects access to smoking cessation interventions; as a result, individuals with COPD who are interested in smoking cessation do not always receive the adequate pharmacological treatment and counselling support they need to stop smoking and maintain smoking cessation.

Adoption Considerations (continued):

- *The Ottawa Model for Smoking Cessation is an evidence-based process that uses principles of knowledge translation and organizational change to implement systematic approaches to smoking cessation in health care settings*
- *The Registered Nurses' Association of Ontario developed a clinical best practice guideline, Integrating Tobacco Interventions into Daily Practice, to help nurses and other health care providers in all care settings support individuals who use tobacco*
- *Through the Pharmacy Smoking Cessation Program, community-based pharmacists can provide counselling, resources, and therapies for smoking cessation*

Integrating the Quality Standard into Practice — *Coordination of Care*

Gap: Improved coordination and collaboration among different COPD models of care is required to ensure optimal management of COPD for individuals at varying stages of the disease.

Recommendation	Quality Statements	Action Needed By	Time Frame
Assess the strengths, gaps, and challenges of existing models of care for people with COPD, and develop recommendations to coordinate care across these models. Build on existing models that take into account mental health and addictions issues and social determinants of health.	All	**Lead:** Ontario Lung Health Advisory Council **Support:** LHINs Health care organizations	Medium term

Adoption Considerations:

- *Many patients with COPD have benefited from the recently introduced Health Links approach to care, which is designed to support patients with multiple complex and/or chronic conditions. This model takes a patient-centred approach and focuses on the coordination of care and services related to both physical and mental health as well as social determinants of health. The Health Links approach to care has been implemented to varying degrees in each of the 14 LHINs, and has received provincial funding to support further spread and scale.*
- *Many Primary Care Asthma Program sites across Ontario provide education, programs, and services to support individuals with COPD*
- *The INSPIRED COPD Outreach Program delivers self-management support and education, individualized action plans, telephone help lines, home visits, psychosocial and spiritual care support, and advance care planning to individuals living with moderate-to-severe COPD and to their families. This program supports transitions in care from the hospital to the community.*
- *Value-demonstrating initiatives are a new approach to identifying at-risk individuals and making early diagnoses of COPD that ensure patients have the recommended care they need (smoking cessation, vaccinations, the right medications, exercise, and education).*
- *Three bundled-care initiatives across the province are piloting the single-payment model to support hospital and home care of individuals with COPD during an episode of care. Current communities of practice can disseminate and guide the adoption of the COPD quality standard by ensuring existing and new bundled-care funding initiatives align with the quality standard.*

Integrating the Quality Standard into Practice — *Coordination of Care (continued)*

Gap (continued): Improved coordination and collaboration among different COPD models of care is required to ensure optimal management of COPD for individuals at varying stages of the disease.

Adoption Considerations (continued):

- *The* Quality-Based Procedures: Clinical Handbook for Chronic Obstructive Pulmonary Disease (Acute and Postacute) *can reinforce the standardization of care delivery in alignment with the quality standard, along with the associated order sets.*
- *Discharge planning can be improved by leveraging the use of patient-oriented discharge summaries (PODS) to enable better transitions from hospital to home.*

Integrating the Quality Standard into Practice — *Quality Improvement*

Gap: There are few practical tools to help providers and organizations integrate the quality standard into daily practice.

Recommendation	Quality Statements	Action Needed By	Time Frame
Assess the care that is being provided against the quality standard using Health Quality Ontario's *Getting Started Guide*, and refer to the action plan template and measurement guide for this quality standard as tools to support quality improvement and data collection.	All	**Leads:** Health care organizations Health care professionals **Support:** LHINs	Immediate
Embed the quality standard into existing decision-support tools, such as order sets, information systems, e-referrals, and/or electronic medical record (EMR)–based solutions and clinical pathways. Ensure these systems are able to support diagnosis and management of COPD.	All	**Leads:** Ontario MD Provincial Digital Order Set Program led by St. Joseph's Health System **Support:** LHINs Health care organizations	Medium term

Integrating the Quality Standard into Practice — *Quality Improvement (continued)*

Gap: There is a need to enhance the quality of smoking cessation support for people with COPD.

Recommendation	Quality Statements	Action Needed By	Time Frame
Consider prioritizing the creation of a quality standard for smoking cessation.	All	**Lead:** Health Quality Ontario **Support:** Health care organizations	Medium term

Integrating the Quality Standard into Practice — *Quality Improvement (continued)*

Gap (continued): There is limited access to clinical data related to diagnosis, assessment, and management of people with COPD.

Recommendation	Quality Statements	Action Needed By	Time Frame
Enhance integration of administrative data into EMR-based solutions, and standardize clinical data collection by leveraging existing eHealth initiatives, such as the Asthma Research Group Inc's Point of Service System.	All	**Lead:** LHINs **Support:** Health care organizations	Long term

Adoption Considerations (continued):

- *Existing programs and resources at Health Quality Ontario can be leveraged to further disseminate and support uptake of the quality standard, including Quorum, Quality Improvement Plans (QIPs), and QBP [Quality-Based Procedure] Connect.*
- *The Lung Health Advisory Council, recently established by the government of Ontario, will work toward the development and implementation of the Ontario Lung Health Action Plan.*
- *Organizations such as The Lung Association—Ontario, the Respiratory Therapy Society of Ontario, and the Canadian Thoracic Society can support the dissemination and implementation of the quality standard through their membership and networks.*
- *The Asthma Research Group Inc. (ARGI) Point of Service System is currently used in several LHINs, including Erie St. Clair, Champlain, Hamilton Niagara Haldimand Brant, and South West, to collect data that can be used for quality improvement, trend analysis, benchmarking, and progress reporting.*

Education and Training

Gap: Knowledge and skill discrepancies among health care professionals have been identified that affect timely and accurate diagnosis, assessment, and management of COPD, as well as the provision of education and interventions to support self-management. These are related to:

- The administration and skilled interpretation of spirometry to confirm the diagnosis of COPD
- Ongoing follow-up to check progress of smoking cessation, adjusting supports as needed
- Appropriate pharmacological management options
- Awareness of existing pulmonary rehabilitation programs and supports available in the community, including how to make referrals

Recommendations	Quality Statements	Action Needed By	Time Frame
Increase awareness and uptake of existing training courses on administration and interpretation of spirometry and pharmacological and nonpharmacological management of COPD.	All	**Lead:** The Lung Association—Ontario **Support:** Health regulatory colleges Educational institutions Clinical and continuing education programs	Immediate
Develop a peer-mentoring network through which health care professionals can enhance their knowledge on quality administration and interpretation of spirometry testing and pharmacological and nonpharmacological treatment options for COPD.	All	**Leads:** Health regulatory colleges Health care organizations **Support:** Health care professionals	Medium term

Education and Training (continued)

Gap: Patient education gaps may contribute to poor management of COPD and increased admissions to emergency departments and inpatient care owing to acute exacerbations. These include:

- General understanding of COPD, pharmacological and nonpharmacological management options, and self-management of COPD
- The importance of smoking cessation in slowing down progression of COPD
- How to create and optimize a self-management plan
- Availability of social and community supports

Recommendation	Quality Statements	Action Needed By	Time Frame
Increase access to provincial chronic disease self-management programs by revising and standardizing eligibility criteria across all LHINs.	All	**Lead:** LHINs **Support:** The Lung Association—Ontario Health care organizations	Immediate

Adoption Considerations:

- *Health care professionals can enhance their knowledge and skills related to COPD by accessing the following resources:*
  - *RESPTREC (the Respiratory Training and Educator Course) is delivered by the Lung Health Institute of Canada and The Lung Association. RESPTREC also provides a COPD Medication Brochure for health care professionals.*
  - *The Provider Education Program offers certified continuing education programs and materials through The Lung Association.*
  - *Clinical practice guidelines and treatment algorithms on COPD are available through the Canadian Thoracic Society.*
  - *Online webinars and modules, clinical tools and resources, workshops, and conferences for health care providers are available through The Lung Association—Ontario.*

Education and Training (continued)

Gap (continued): Patient education gaps may contribute to poor management of COPD and increased admissions to emergency departments and inpatient care owing to acute exacerbations. These include:

- General understanding of COPD, pharmacological and nonpharmacological management options, and self-management of COPD
- The importance of smoking cessation in slowing down progression of COPD
- How to create and optimize a self-management plan
- Availability of social and community supports

Adoption Considerations (continued):

- *The Primary Care Asthma Program can help primary care providers develop a lung health program in a primary care setting.*
- *The Registered Nurses' Association of Ontario developed a guideline, Strategies to Support Self-Management in Chronic Conditions: Collaboration with Clients, to support nurses who provide care to individuals with chronic conditions in a variety of care settings.*
- *The Canadian Network for Respiratory Care provides a list of other COPD education programs for health care professionals.*
- *Choosing Wisely Canada offers resources on respiratory medicine.*

- *Patients, families, and caregivers can use the following resources to learn about COPD and pharmacological and nonpharmacological management of COPD:*
  - *The Lung Association's COPD BreathWorks program offers practical information and support for people with COPD and for their families and caregivers.*
  - *A certified respiratory educator can be accessed by a toll-free Lung Health Information Line: 1-888-344-5864. The certified respiratory educator can provide information and guidance related to lung health concerns.*
  - *The Registered Nurses' Association of Ontario's fact sheet, Chronic Obstructive Pulmonary Disease (COPD)—Helping You Breathe Easier, provides information on COPD and self-management strategies.*
  - *The Living Well with COPD self-management program can facilitate the adoption of healthy lifestyle behaviours and the skills needed to better manage COPD on a day-to-day basis.*
  - *There are community-based education programs and formal support groups for individuals living with COPD and their caregivers across the province.*

Policy and System Planning

The recommendations for adoption include those needed at the system level, and support the recommendations highlighted for LHINs and health care organizations addressed above. In accordance with Health Quality Ontario's mandate, set out in the *Excellent Care for All Act*, the board of directors has formally provided the following recommendations about the COPD quality standard to the Minister of Health and Long-Term Care.

Gaps	Recommendations	Time Frame
There is a need to develop a provincial comprehensive strategy on COPD that takes into account Ontario-specific barriers to and strengths in the provision of care for people with COPD.	Through the mandate of the Ontario Lung Health Advisory Council (Bill 71 – Lung Health Act), ensure the Ontario Lung Health Action Plan integrates the quality standard into its framework and action plan for the delivery of high-quality care for people with COPD.	Medium term
There are not enough pulmonary rehabilitation programs, particularly in Northern and rural regions of Ontario, to support the needs of individuals who would benefit from participation in these programs.	Based on the Ontario Health Technology Advisory Committee's 2015 recommendations: • Assess the feasibility of expanding pulmonary rehabilitation programs in primary care, community-based, and home care settings for patients discharged from hospital after an acute exacerbation of COPD. Expansion should be prioritized for those regions in Ontario where there are significant gaps in pulmonary rehabilitation programs. • Ensure ongoing access to existing pulmonary rehabilitation for the management of moderate to severe COPD.	Immediate

Policy and System Planning (continued)

The recommendations for adoption include those needed at the system level, and support the recommendations highlighted for LHINs and health care organizations addressed above. In accordance with Health Quality Ontario's mandate, set out in the *Excellent Care for All Act*, the board of directors has formally provided the following recommendations about the COPD quality standard to the Minister of Health and Long-Term Care.

Gaps	Recommendations	Time Frame
Large variations exist in access to smoking cessation interventions across the province. Existing smoking cessation programs may offer free counselling and nicotine replacement therapy for a duration of time; however, this coverage is not always sufficient. For those who have stopped smoking, there is insufficient support to help maintain smoking cessation.	As part of the modernization of the Smoke Free Ontario Strategy: • Develop an integrated service-delivery system to support access to and coordination of smoking cessation programs and services • Assess the feasibility of expanding access to nicotine replacement therapy products for individuals participating in smoking cessation programs and services	Immediate

Measurement and Reporting

Health Quality Ontario will develop a monitoring, evaluation, and reporting plan for these recommendations as part of the broader quality standards evaluation. This plan may require the development of measures and/or a resource plan to support data collection and monitoring.

The following indicators can be used to monitor the overall success of the standard provincially given currently available data:

- Process indicators:
  - Percentage of people with COPD whose diagnosis is confirmed by spirometry
  - Percentage of people hospitalized for COPD who had an in-person follow-up assessment with a physician within 7 days of discharge
  - Percentage of people with COPD who have filled a prescription for long-acting bronchodilator therapy (measurable for people aged 65 and older only)
- Outcome indicators:
  - Percentage of people with COPD with one or more urgent acute-care visits for COPD in the past year:
    - Emergency department visits
    - Nonelective hospitalizations
  - Percentage of people with COPD who smoke cigarettes daily

A plan to measure the impact of specific recommendations related to clinical care and improvement will be defined. The Ontario Quality Standards Committee will receive annual updates on the progress of the recommendations and review any additional measurement that may be needed to assess impact.

Appendix A: Process and Methods for Developing the Recommendations for Adoption

The development of these recommendations for adoption involved extensive consultation with stakeholders across the province from a variety of professional roles and perspectives. During the public consultation process, we received 58 responses and considered them the development of these recommendations, including responses from The Lung Association—Ontario, the Canadian Thoracic Society, and the Registered Nurses' Association of Ontario.

Other organizations and groups were also consulted:

- Ontario Telemedicine Network
- The Respiratory Society of Ontario
- Rehabilitative Care Alliance
- Bundled Care Teams (North York General Hospital; St. Joseph's Health System; London Health Sciences Centre)
- Asthma Research Group Inc.
- Ministry of Health and Long-Term Care

Along with engaging the organizations mentioned above, the COPD Quality Standard Advisory Committee, which includes individuals with lived experience, provided feedback on the adoption of this quality standard.

Note: Between September 2017 and January 2018, Health Quality Ontario conducted 10 interviews with primary care nurse practitioners, respiratory therapists, respirologists, health care administrators, and researchers in many care settings in Ontario. We used the results of these interviews to inform the gaps and recommendations outlined in this document.

Appendix B: Summary Recommendations for Health Sector Organizations and Other Entities

Local Health Integration Networks	Time Frame*
Use the Health Equity Impact Assessment tool in program and service planning to maximize positive impacts and reduce negative impacts that could potentially widen health disparities between population groups.	Immediate
Increase timely access to trained and qualified health care professionals who are able to administer and interpret spirometry. Enhance access to interprofessional care teams that include certified respiratory educators.	Immediate
Conduct capacity planning to understand current gaps and support ongoing access to existing rehabilitative care and services, including maintenance programs, across the province. Use the Capacity Planning Framework developed by Rehabilitative Care Alliance to standardize planning across the LHINs.	Medium term
Assess the availability of smoking cessation programs, services, and counsellors in communities; where needed, build the case to expand these programs and services. Connect individuals who require pharmacological and nonpharmacological smoking cessation support to existing programs and services.	Immediate
Enhance integration of administrative data into EMR-based solutions, and standardize clinical data collection by leveraging existing eHealth initiatives.	Long term
Increase access to provincial chronic disease self-management programs by revising and standardizing eligibility criteria across all LHINs.	Immediate

Health Care Organizations and Health Care Professionals	Time Frame*
Assess the care that is being provided against the quality standard using Health Quality Ontario's *Getting Started Guide*, and refer to the action plan template and measurement guide for this quality standard as tools to support quality improvement and data collection.	Immediate

Health Regulatory Colleges	Time Frame*
Develop a peer-mentoring network through which health care professionals can enhance their knowledge on quality administration and interpretation of spirometry testing and pharmacological and nonpharmacological treatment options for COPD.	Medium term

Health Quality Ontario	Time Frame*
Consider prioritizing the creation of a quality standard for smoking cessation.	Medium term

Ontario Telemedicine Network	Time Frame*
Promote and monitor the uptake of programs, such as eConsult, eVisits, eCare, and telehomecare programs, by enhancing awareness of these services among health care professionals.	Immediate

Ontario Lung Health Advisory Council	Time Frame*
Assess the strengths, gaps, and challenges of existing models of care for people with COPD, and develop recommendations to coordinate care across these models. Ensure these models take into account mental health and addictions issues and social determinants of health.	Medium term

OntarioMD	Time Frame*
Embed the quality standard into existing decision-support tools, such as order sets, information systems, e-referrals, and/or electronic medical record (EMR)–based solutions and clinical pathways. Ensure these systems are able to support diagnosis and management of COPD.	Medium term

The Lung Association - Ontario	Time Frame*
Increase awareness and uptake of existing training courses on administration and interpretation of spirometry and pharmacological and nonpharmacological management of COPD.	Immediate

*Three time frames for adoption are referenced: immediate (within 1 year); medium term (1–3 years); and long term (3 or more years).

Quality Standards

For more information:

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