

Management of asthma in primary care: is care in line with clinical practice guidelines?

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Purpose: Despite the dissemination of clinical guidelines for asthma into primary care there are ongoing concerns that care is not in-line with clinical guidelines. As part of a larger study of practice capacity for chronic disease management in general practice we investigated the quality of chronic disease care for asthma.

Methods: 276 General Practitioners (GPs) from 97 practices across 6 states completed a structured interview assessing if care was in line with evidence based guidelines for management of asthma, diabetes and hypertension/heart disease. A further structured interview with the Practice Principal and Practice Manager was used to collect information about practice capacity for chronic disease management.

Results: The majority of participating GPs (76%) had access to spirometry and just under half (47%) had access to an asthma register but only 13% routinely provided or reviewed written action plans. 27% routinely provided education about trigger factors, 12% routinely used spirometry, 30% routinely reviewed inhaler technique, 24% assessed asthma severity, and 29% assessed physical activity; where routine provision was defined as more than 80% of asthma patients received this in the past 12 months. These items were summed at a practice level to provide a single measure indicative of the quality of asthma assessment. The median practice score for overall asthma assessment was 1.0 from a maximum possible score of 5.0 (IQR = 2.0). Practice characteristics such as practice size ($p=1.0$) and locality (rural/metro) ($p=0.7$) did not predict asthma assessment nor did practice capacity. Where a practice nurse was involved in register/recalls practices had better asthma assessment and overall evidence based clinical care.

Conclusion: This study indicates significant gaps in the provision of evidence-based care for patients with asthma in primary care. The markers of practice capacity measured here were not associated with guideline-based respiratory care within practices. Further research is required to identify how to improve quality of respiratory care in general practice.