



# **COPD Right Care Wheel guidance notes**

The Chronic Obstructive Pulmonary Disease (COPD) Right Care Wheel has been developed by the clinicallyled charity, International Primary Care Respiratory Group (IPCRG) as a quick helper for prescribing choices.

The tool is intended to support health care prescribers who know people with COPD need inhaled medicine(s) but are unsure which option to choose; and to help clinicians develop their COPD consultation skills by working with people with COPD to understand what the condition is, what might happen to them and to improve their adherence to therapies.

As part of a growing social movement approach we are having these conversations between prescribers, COPD educators, pharmacists and people with COPD in five countries. Try and see how you can use it to get a conversation going.

The guidance provides potential steps and questions to ask when using the tool. Tailor it to the person you are speaking to.

More information can be found at www.ipcrg.org/COPDRightCare where there is a short video showing the use of the Wheel.

Good luck with your conversations and thank you for participating.

The COPD Right Care Team April 2022

## **Further Reading**

Please refer to your national guideline on COPD if you require further information. If you do not have one, please refer to the GOLD Report and Pocket Guide from the Global Initiative for Chronic Obstructive Lung Disease which is updated annually.<sup>1</sup>

To find out more about COPD Right Care go to https://www.ipcrg.org/copdrightcare

The wheel is currently a prototype and will be trialled in a number of settings with feedback gathered to improve on the tool. Details as to how this will be done are in development.

Created and designed by IPCRG www.ipcrg.org. COPD Right Care is an IPCRG initiative. Boehringer Ingelheim has supported the development of this tool.

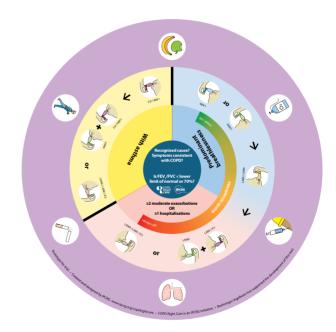
### **Guidance Steps**

The wheel has two sides:

- Side A to assist with prescribing, with a rotating inner wheel
- Side B to assist with patient conversations and motivational interviewing

#### Side A

To assist with prescribing, with a rotating inner wheel



#### **Side A Rotating Inner Circle**

Depicts the 3 types of COPD people tend to have (phenotypes) matching 3 inhaler pathways.

#### Step 1

Look at the words in the core of the inner circle in terms of cause, symptoms and spirometry and check that the patient meets the three criteria for a diagnosis of COPD.

**Cause** – is there a recognised cause, such as tobacco smoking?

**Symptoms** – are they consistent with COPD?

**Spirometry** – Is the FEV<sub>1</sub> < the lower limit of normal or <70%?

#### Step 2

Choose one of the 3 phenotypes on the outer ring of the inner wheel and then move it to match with the correct prescribing pathway (align using the colour coding: with asthma, yellow; predominant breathlessness, blue;  $\geq 2$  moderate exacerbations or  $\geq 1$  hospitalisation, pink)

Also consider blood eosinophil levels: ≥300 or <100 and adjust the ring.

Parameters are based on the GOLD 2022 guidance below and when taken account of will make treatment more personalized and reduce over prescribing of ICS.

# Factors to consider when initiating ICS treatment in combination with one or two long-acting bronchodilators (note the secnario is different when considering ICS withdrawal

Strong support	Consider use	Against use
History of hospitalisation(s) for exacerbations of COPD# ≥2 moderate exacerbations of COPD per year# Blood eosinophils ≥300 cells/µl History of, or concomitant, asthma	1 moderate exacerbation of COPD per year# Blood eosinophils ≥ 100 to <300 cells/µl	Repeated pneumonia events Blood eosinophils <100 cells/µl History of mycobacterial infection

#despite appropriate long-lasting bronchodilator maintenance therapy
\*note that blood eosinophils should be seen as a continuum; quoted values
represent approximate cut-points; eosinophil counts are likely to fluctuate

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#### Step 3

Check and assure yourself you are choosing the right and safest pathway.

#### **Side A Fixed Outer Circle**

#### Step 4

Whilst you are looking at inhaler choices, use the prompt of the COPD Right Care therapies depicted round the outer circle to consider which may also be appropriate e.g., vaccination (influenza and pneumococcal); help to quit tobacco; physical activity, nutritional advice, and for some people with advanced COPD, oxygen therapy or lung volume reduction surgery.

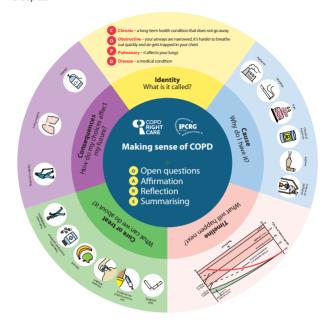
#### References

- 1 GOLD. Global strategy for prevention, diagnosis and management of COPD: 2022 Report. Available at: https://goldcopd.org/. Accessed April 2022.
- 2 Leventhal H, et al. J Behav Med 2016;39:935–46.
- 3 Source: https://www.euro.who.int/\_\_data/assets/pdf\_file/0008/ 394208/Session-5.pdf. Accessed April 2022.

#### Side B

## To assist with patient consultation and motivational interviewing

The graph on the wheel is reproduced from The natural history of chronic airflow obstruction. Fletcher C, Peto R. BMJ 1977;1:16458 with permission from BMJ Publishing Group Ltd



It will support clinicians with a role in helping people with COPD to:

- · understand what their condition is
- · know what will happen to them; and
- improve adherence to therapies

#### Step 1

There are 5 key areas to be explored, for people to understand their condition and be able to take part in shared decisions about treatment goals. They are based on the Leventhal Model:

#### Leventhal Model2

- Identity: what's my diagnosis called?
- Timeline: disease path
- Cause: how did it happen?
- Cure/Treat: what can I do about it?
- Consequences: how does my choice affect my future? [shared decision-making]

#### Step 2

There are 4 consultation styles (OARS = a WHOrecommended motivational interviewing approach) that you can use to help people choose and that may help people be adherent to their therapies.<sup>3</sup>

- Open questions
- · Affirmation of effort, strength, volition
- Reflecting to check meaning
- Summary

#### Step 3

Practise your consultation skills by choosing one of 5 key conversation topics and match with one of 4 motivational interviewing techniques.