

The AIRR project

Adelaide Integrated Respiratory Response

General Practice Information Sheet

The AIRR project has been commissioned by the Adelaide PHN (Primary Healthcare Network) for 3 years until August 2022. The aim of this project is to develop an integrated model of care (see diagram) that is patient-centred and patient driven, sustainable, improves patient health outcomes and ultimately reduces hospitalisations and readmissions.

Aims and Objectives

- To build the capacity of general practice and pharmacies to deliver evidence-based, person-centred respiratory primary health care.
- To develop and implement pathways to reduce potentially preventable hospitalisations and readmissions of people with respiratory conditions.
- To support people with respiratory conditions to better participate in their own healthcare and the healthcare system.
- To facilitate and increase collaboration and integration between general practices, pharmacies and other relevant organisations, including LHN Emergency and Outpatient Departments.

Patient activation and self-management

Asthma Australia proposes to work with the practice and a small group of patients who have poor asthma or COPD control identified by GPs. The eligibility criteria include markers such as smoking, no asthma or COPD plan, recent hospital admission or recent flare-up.

Patients will be invited to attend self-management workshops with patients from other practices. Staff from practices will be required to participate in the sessions to familiarise themselves with the principles of self-management, gain insights into patient needs and the ways to support patients in self-management.

Effective self-management is more than just understanding the condition and its treatment. It is also about feeling empowered in relation to the condition, confident to work with the health professionals to get the best care and achieve the best health outcomes within the context of their life. This training aims to bring patients, practice staff and their pharmacist together to form the care team.

This service is supported by funding from Adelaide PHN through the Australian Government's PHN Program

Patients will also receive support from Asthma Australia's education service and if applicable the accredited COACH program. COPD patients will be offered a similar support program from Lung Foundation Australia.

Collaborative Quality Improvement Groups

Asthma Australia will support practices to establish a Quality Improvement Group (QIG) or alternative process with some or all their AIRR patients who have attended the self-management workshops. The local pharmacies connected with the practice may also be able to be involved where appropriate. Asthma Australia can assist with organising and facilitating this process.

The aim is to identify quality improvement initiatives that arise from the engagement with patients in delivering best practice evidenced-based care.

Training package

General Practice staff will be offered a comprehensive training package. Newly developed accredited asthma online training modules, designed for GPs, will be available by March 2020. A similar set of modules will follow that will suit nursing staff and pharmacists. Lung Foundation Australia also provides a range of online training modules which will be provided as part of the training offer.

Spirometry training (both practical and interpreting results), maximising MBS items and access to the latest asthma/COPD resources will also be included. All training is funded by the project.

Facilitation of General Practice and Pharmacy Collaborative Relationships

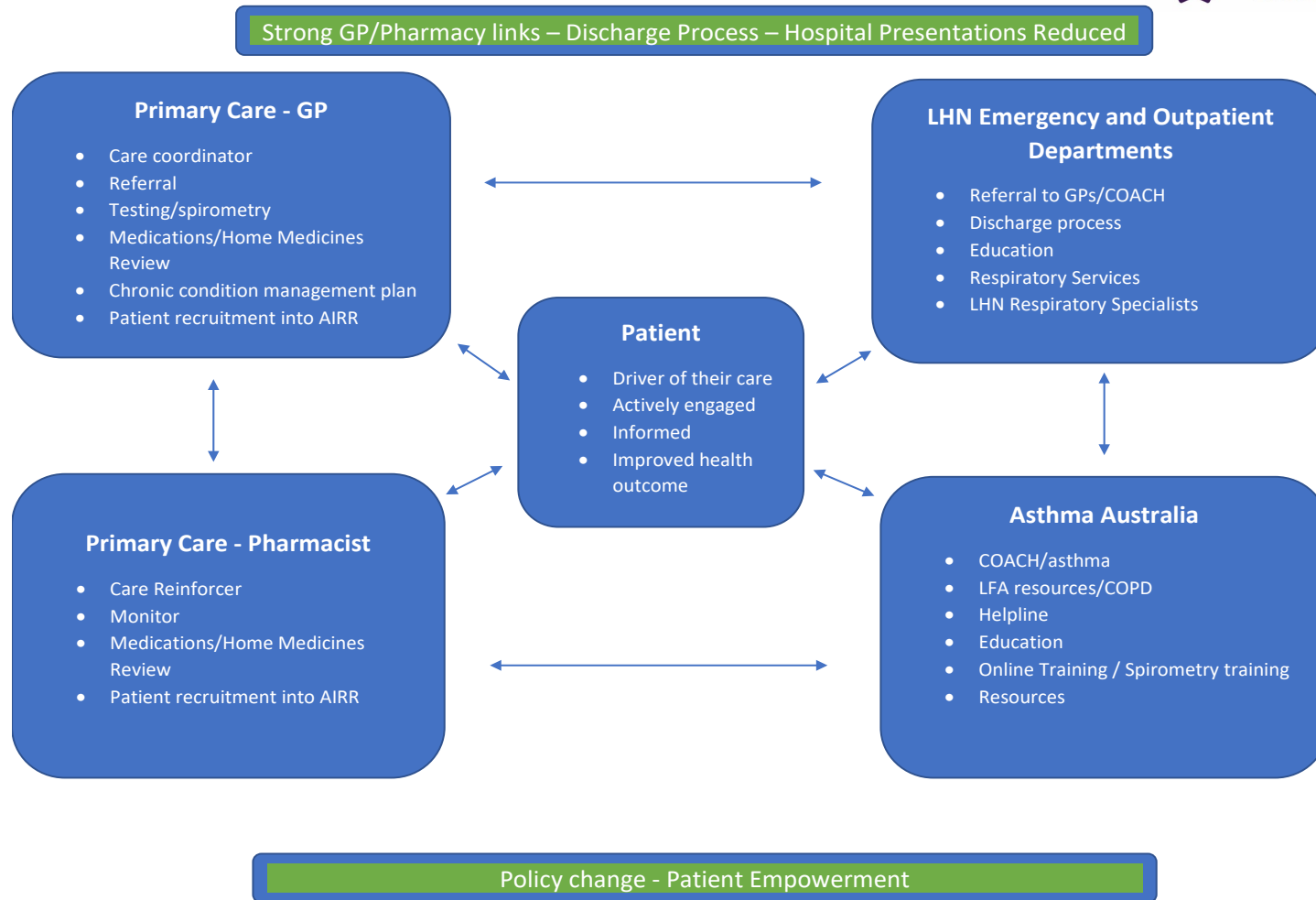
Pharmacies provide important support for patients including monitoring and review, reinforcing medical adherence, conducting medication checks and providing education and advice on device technique. Participating pharmacists and their staff will also be offered appropriate training and will participate in the patient activation and self-management workshops.

Asthma Australia will facilitate opportunities for collaborative engagement between general practices and pharmacies to build relationships, share professional expertise and understandings, identify opportunities and develop a community of practice. We intend, where possible, to work in geographic clusters.

There is potential to explore the clinical integration between the acute and primary sectors in the final year of the project. Asthma Australia has already carried out discharge programs in other states and we will draw on this work to undertake consultations between primary healthcare and LHNs to explore issues related to discharge and post hospital care pathways to inform systems change.

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