

Elevated COPD patient engagement and timely care prioritisation facilitated by use of text message accuRx Florey questionnaire in routine primary care



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Background

- The COVID19 pandemic has meant that care delivery in primary care has had to quickly adapt to meet patient needs, especially for those patients considered vulnerable and at risk, such as those with long-term chronic conditions.¹
- A report from the Taskforce for Lung Health² showed that nearly 35,000 people had missed out on a referral for specialist respiratory care, treatment or diagnosis in England during the first lockdown.
- The use of SMS messaging was observed to increase 3-fold during the early months of the pandemic and an integrated remote care solutions such as the accuRx platform was identified as a tool to support engagement with patients diagnosed with Chronic Obstructive Pulmonary Disease (COPD).³
- GSK have co-developed and sponsored the delivery of a free COPD questionnaire (Florey) with accuRx to enable patients to complete questions from the COPD Assessment Test (CAT), MRC dyspnoea scale, their recent exacerbation history and smoking status remotely and shared directly with GP systems.
- The CAT is a clinically validated questionnaire. GSK were supporters of its development, with a multi-disciplinary group of international experts in COPD.⁴

Programme Aims

- Deliver a significant update to the previous accuRx COPD questionnaire to now include: CAT questions and increased depth of exacerbation and smoking assessment.
- Optimise the use of questionnaire tool to support the stratification and prioritisation of practice COPD populations, alongside identification of unmet patient need.
- Provide a remote care platform to facilitate simple and routine engagement with patients on the management of their COPD.
- Use of the tool to drive efficiency in the delivery of routine COPD care. For example, routine automatic capture and structured coding of clinical data frees up the HCP time to focus on the broader clinical conversation with the patient.
- The questionnaire is seen as a pre-annual review (and follow-up) support tool, NOT as a tool to replace the COPD annual review.

Methods

- Project launch date was 27 October 2020. The service is provided free to the NHS.
- The questionnaire (Florey)⁵ response provides data submitted by the patient to facilitate an initial HCP assessment and automatic coding of date-stamped CAT, MRC, exacerbation and smoking data to the patient record. Full SNOMED coding details are available.⁶
- The pathway of Florey use can be seen in figure 1. There is no need for the patient to download additional software as part of the Florey completion process.
- The accuRx platform is available on both EMIS and SystmOne GP systems.
- Example screens seen by both HCP and patient are illustrated in figure 2. For smokers, explicit linkage to NHS Smoking Cessation service is provided.
- The Florey tool facilitates data capture and engagement with patients prior to review. Additional tools are available to deliver explicit prioritisation, stratification and COPD review.^{7,8}
- The accuRx platform is available for free download (<https://www.accurx.com/>). The COPD Florey is automatically included as part of the green toolbar selections and is available alongside other GP practice services and tools.

Figure 1: COPD Florey usage from the HCP and patient perspectives

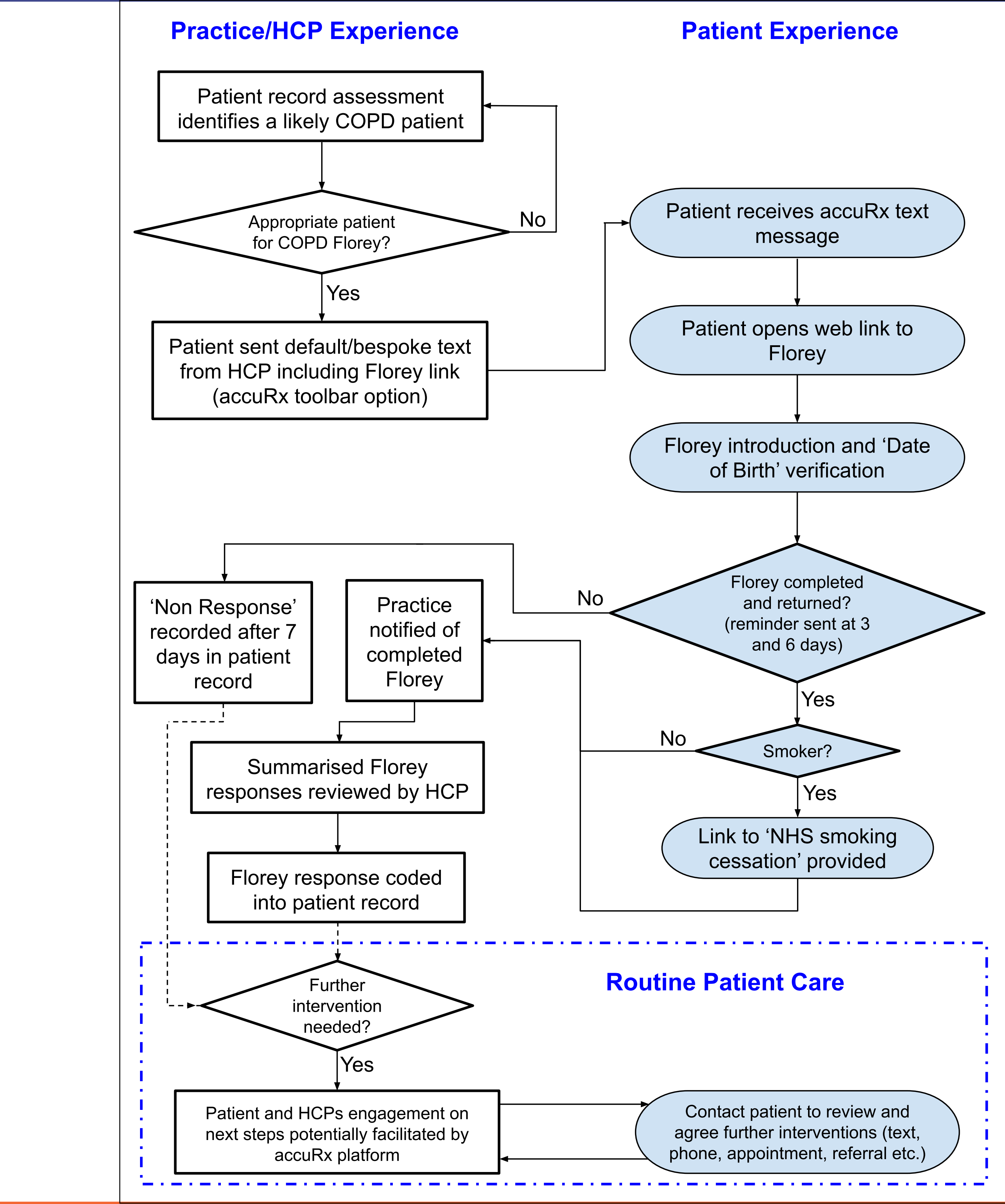
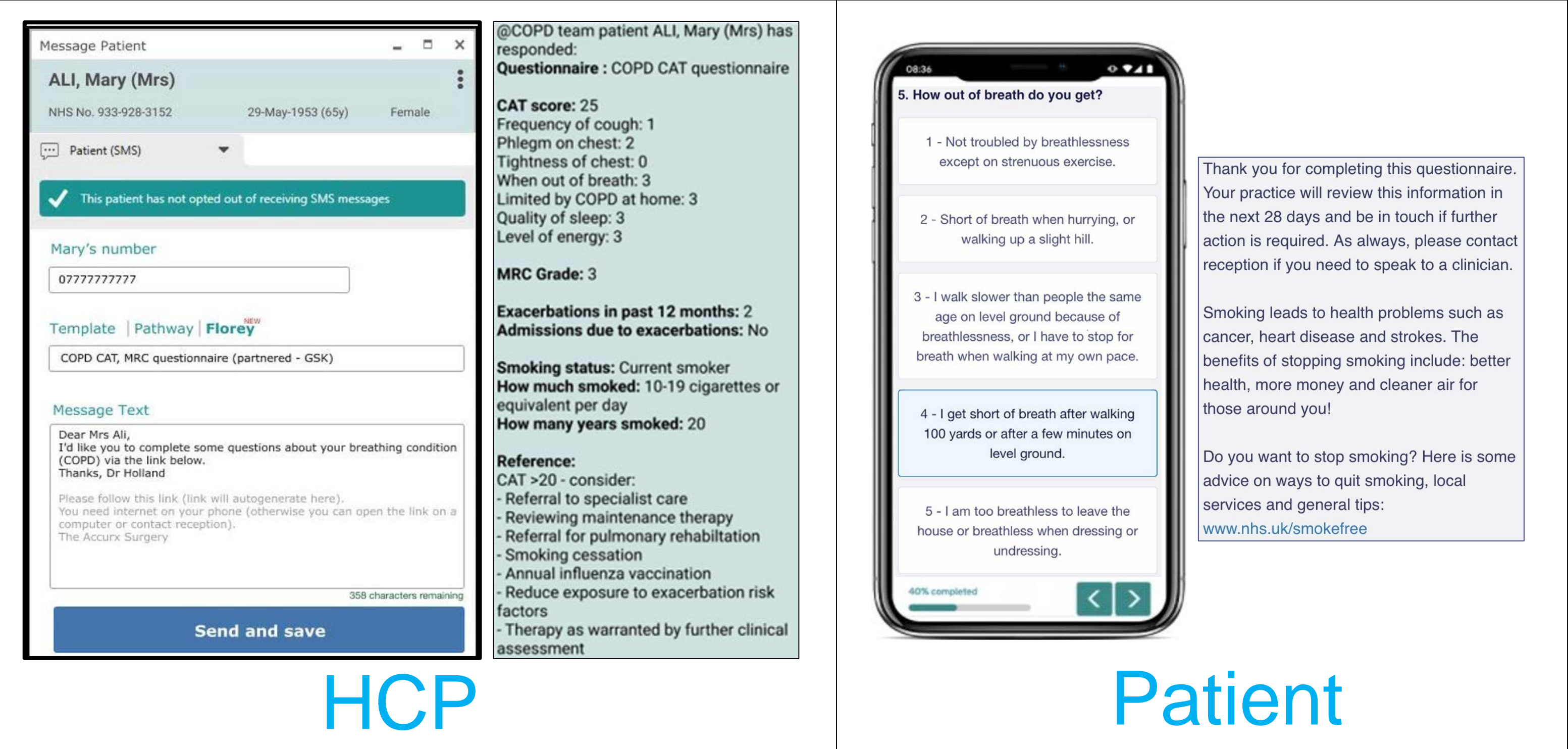


Figure 2: Example screens seen by HCP and patient (dummy patient data)

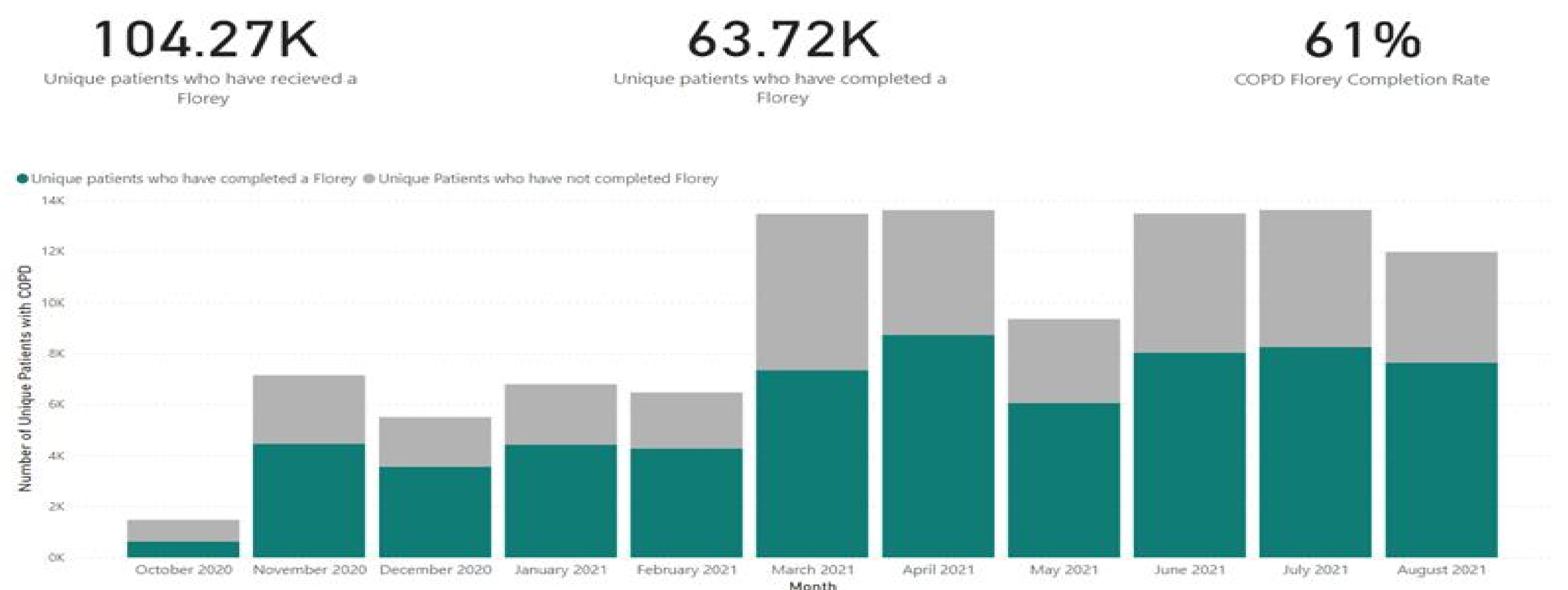


- The capability to send a COPD Florey to a cohort of practice patients ("batch send") was introduced in 2021 to further improve practice efficiency.
- Practices maintain control and access to the patient-level data. The questionnaire does not recommend the use of any respiratory products, including GSK products. The practice remain the sole decision makers following their clinical review of the data gathered using the Florey.

Progress & Anticipated Benefits

- Variation by month in usage and response rates since launch are summarised in Figure 3.
- Up to the end of August 2021, 104,270 unique patients have been sent a COPD Florey, with the usage volume trend increasing over time.
- Average response rate is an encouraging 61% (similar to other accuRx Floreys), a fairly consistent rate to date with a maximum monthly percentage of 66% and minimum of 54%.
- As of August 2021, 99% of GP practices in NHS England practices have the core accuRx platform installed, respective percentages for Wales and Northern Ireland are 69% and 36%. Of this total practice set, 37% have sent at least one COPD Florey.⁹
- Florey usage did show a peak of usage in March/April 2021, likely associated in supporting the gathering of Quality and Outcomes Framework data.
- Using batch send of the COPD Florey both further improves GP practice efficiency and could enable a large cohort analysis of data sets to support a Population Healthcare Management approach in the delivery clinical care over larger health economies.¹⁰

Figure 3: COPD Florey usage metrics since launch



Summary

- This project provides benefit to patients, the NHS and 3rd parties supporting the NHS. Not only a reactive response to mitigate the challenges of the COVID19 pandemic but also a route to establish an innovative remote pathway to support the delivery of COPD care. To date, over 64,720 unique patients and their supporting HCPs have benefited from access and use of the COPD Florey tool.
- Practical use and support for the accuRx platform is already well established in the research literature³ and is demonstrated by the promising uptake rates recorded to date. A case study¹¹ and guide¹² on the specific use of the COPD Florey have been published.
- A key focus for remote healthcare innovations such as accuRx is that they support patients, are easy to use and are valuable in routine healthcare delivery. The tools need to genuinely reduce the overall time spent on medical administration and so facilitate additional time for HCPs to have high quality clinical conversations with patients.
- The platform's expanded use in COPD care provides a potentially efficient pathway to explore innovative approaches to patient support, not just during the pandemic but also in future routine care.
- Current focus remains on evolution of tool functionality alongside raising NHS awareness and usage of the tool. Further collaborative use in a clinical setting alongside quantitative research is needed to demonstrate the formal healthcare value in primary care.

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Date of access to all websites listed in References is September 2021

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