

COPD Primary Care: Providing a Clinically Relevant Picture for Clinicians

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INTRODUCTION: Electronic Health Records (EHR) are key to the provision of COPD primary care across the United States (US). However, COPD data are often incomplete and can be difficult to access. There is a need to present primary care clinicians with relevant COPD data in a well-structured format at the point of care. The **A**dvancing the **P**atient **E**xperience in **COPD** (APEX COPD) initiative will integrate EHR data with patient-reported outcomes and information, and present structured and clinically relevant information to clinicians at the point of care to better inform clinical decision making.

METHODS: A panel of 11 US and international experts defined a core list of COPD variables clinically relevant to primary care. These variables are being collected from EHR and patient-reported information and outcomes before clinic visits. The collected data will be restructured and presented at the point of care using data interoperability technology and processing. Additional, key variables will be collected by clinicians directly at the point of care. This is a 4-year longitudinal population-

based study, in a demographically diverse group of 3,000 COPD primary care patients, diagnosed with COPD after the age of 35, and will be conducted in 3-5 healthcare systems across the US. Outcome Measures include COPD diagnostics, clinical decisions, and management.

RESULTS: Several essential tools are in development including a core set of COPD variables to collect into the registry and present to clinicians, along with electronic patient reported information and outcome measures, and structured electronic data and feedback for clinicians. These will be implemented at pilot sites mid-to-late 2019 with baseline cohort data to follow.

CONCLUSION: To our knowledge, this is the first COPD registry which combines EHR data with patient reported information and outcomes to provide point of care structured and clinically relevant data to primary care clinicians to improve COPD related clinical decisions and management.

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