Abstract

**Clinical Practice Problem:** The care provided to patients with COPD in the Iowa City Veterans Affairs (VA) Home Based Primary Care program did not consistently conform to established practice guidelines. A contributing factor to this was that the VA electronic medical record lacked clinical decision support tools to aid health care providers in delivering evidenced based care according to its own published guidelines.

**Implementation Project:** An implementation project was undertaken to create a clinical decision support tool that would guide clinicians to annually address the components of a COPD clinical practice guideline. Additionally, modifications were made to existing documentation templates to monitor dyspnea using a standardized instrument. Quality assurance monitoring tools were developed to monitor adherence with completion of the COPD clinical decision support tool (“clinical reminder”) as well as monitor COPD clinical outcomes.

**Outcome Measures:** The Home Based Primary Care Team will monitor adherence for completion of the COPD “clinical reminder,” which addresses diagnosis, monitoring, medication management, complication management, and end-of-life planning. COPD clinical outcomes (exacerbations, emergency room visits, and hospitalizations) will also be tracked over time. This data will be available for future outcome studies.

**Conclusions:** The Home Based Primary Care team has been exposed to the steps required for implementing a complex evidence-based change. Possible follow-on outcome studies are proposed comparing HBPC COPD outcomes and practice guideline adherence to those of other VA programs.

**Keywords:** chronic obstructive pulmonary disease, implementation, electronic medical record