

7.09 Integrated Cardiopulmonary Specialist Care – A Novel Approach

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Background: The co-existence of cardiopulmonary disease are common because of similar risk factors, overlap in pathophysiology and presenting features. In line with Sláintecare's aim, the Dublin North West Specialist Ambulatory Care hub has pioneered a combined model of care in the assessment of patients with cardiopulmonary disease.

Methods: We report a prospective review of our Integrated Cardiopulmonary clinic experience. Patients were assessed concomitantly by consultants, nurses and physiotherapists, from both specialities. In the same visit, diagnostic testing (ECG, Echo, PFTs) were performed. A comprehensive treatment plan was subsequently devised following an interdisciplinary case discussion.

Results: Eleven patients were reviewed (6F:5M), mean age 68 years, majority were ex-smokers(64%). The most common respiratory diagnoses were COPD(64%), asthma(27%) and cardiology diagnoses were heart failure(55%), ischaemic heart disease(18%) and hypertension(18%). Outcomes: 4 new diagnoses identified (36%), 9 patients (82%) required further investigations. All patients received both cardiorespiratory education and self-management plans with appropriate follow up. Onward referrals were predominantly to oxygen clinic (36%), and pulmonary rehabilitation programme(27%). This initiative also reduced appointments to minimum 2 visits with positive patient feedback.

Conclusions: Cardiopulmonary multi-morbidity presents many diagnostic and therapeutic challenges. The establishment of our Integrated Cardiorespiratory clinic has facilitated a timely and efficient management of these patients with complex needs.

Key Words: chronic obstructive pulmonary disease, heart failure, integrated care

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