Improving access to health care for people with severe Chronic Obstructive Pulmonary Disease in Southern New Zealand: qualitative study of the views of health professional stakeholders and patients

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Objectives
Chronic obstructive pulmonary disease (COPD) is a common chronic disease with significant morbidity and mortality in those with severe disease and places a large burden on the New Zealand (NZ) health system. Inequalities are marked, particularly for Māori. We undertook a mixed-methods implementation research study which aimed to determine the barriers and enablers to the provision of accessible high quality COPD care.

Methods
Semi-structured interviews were undertaken with 11 health professional stakeholders and 23 patients with severe COPD in NZ’s lower south island. The descriptive categories developed from the patient and stakeholder interviews were organised into themes informed by a conceptual framework for access to health care (Levesque et al. 2013).

Lessons learned
Health professional stakeholders identified barriers to providing access to health services, in particular: availability (e.g., limited geographical availability of pulmonary rehabilitation), affordability (e.g., co-payment charge for seeing a general practitioner) and appropriateness (a shared model of care across primary and secondary care was needed to facilitate better delivery of key interventions such as pulmonary rehabilitation). Māori stakeholders highlighted the importance of communication and relationships and the role of whānau for support. Patients’ accounts showed variable ability to access services through having a limited understanding of what COPD is, a limited knowledge of services they could access, being unable to attend pulmonary rehabilitation and incurring direct and indirect costs.

Implications
The use of a conceptual framework for access to health care allows demonstration of how both stakeholder and patient perspectives interact along the pathway of COPD care.