HEALTHCARE SYSTEM MINIMUM REQUIREMENTS CHECKLIST

Site requirements for program implementation:	Criteria met	Site comments or concerns
Infrastructure and resources		
Build an **Implementation team** consisting of representatives from primary and secondary care, administrative, managerial, and clinical staff, including necessary payer-provider level support.	☐	
Have a **Practice or healthcare system EMR/EHR** capable of supporting patient identification using CONQUEST search criteria and data extraction of de-identified patient data for analysis (with appropriate ethical approvals in place).	☐	
Agree to **pilot EMR data extraction** using site systems to ensure concordance with expected populations and review of current practice in the form of an **Opportunity Analysis.**	☐	
Have the administrative ability and system capacity to contact patients and **schedule assessment appointments** for identified patients within 3 months of identification (e.g., via mail, phone, text etc.).	☐	
Access to spirometry – equipment at practice with trained staff or prompt referral route for service provision (COVID-19 impact to be considered and alternatives such as remote spirometry may be acceptable).	☐	
Utilization of **Clinical Decision Support** (CDS) algorithms for healthcare practitioners	☐	
Clinical Activity		
Perform annual identification of Modifiable high-risk patient population using EMR-based search criteria provided by OPC in the Global Operational Protocol (GOP).	☐	
Perform diagnostic assessment within 3 months for patients identified as "undiagnosed with potential modifiable high-risk COPD", to include measurement of lung function (spirometry) and clinical correlation of symptoms.	☐	
Perform a disease and risk assessment for all modifiable high-risk COPD patients, including newly diagnosed COPD patients, within 3 months in accordance with CONQUEST operational protocol.	☐	
Ensure at least annual distribution (and data collection) of **PRO/PRI Questionnaires** to COPD patients.	☐	
Initiate non-pharmacological interventions for modifiable high-risk patients (smoking cessation, pulmonary rehabilitation etc.) in accordance with disease assessment findings.	☐	
Prescribe initial and maintenance therapy in accordance with current GOLD recommendations (or national guidelines), aided by CDS algorithms.	☐	

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Apply COPD Control criteria at clinical review to guide management and repeat every 3 months (with a clinical patient review) after a change in therapy, or until COPD control achieved.	☐	
Ensure all patients identified as at modifiable high-risk (both already diagnosed and newly diagnosed) have **Clinical review and follow up** 3-monthly until detailed review suggests no further management optimization interventions are appropriate; then **at least annual** patient follow-up.	☐	
Data Analysis		
Perform at least annual data extraction and analysis of PRO/PRI data and de-identified EMR data in line with CONQUEST **Quality Indicators**	☐	
Present data extracted in relation to Quality Indicators in practice, health system or physician level **status reports** as appropriate to local context (may be performed by suitable third party).	☐	
Information and Data Sharing		
Share Healthcare system or practice status reports with healthcare practitioner and implementation teams for continuous refinement of the program, comparison of current practice against the CONQUEST Quality Standards and identification of areas for ongoing improvement.	☐	
Make anonymized, de-identified EMR data available to OPC for benchmarking and use in ethically approved research.	☐	
Provide feedback on CONQUEST implementation and processes **to OPC** via website/annual meeting of CONQUEST sites.	☐	

Abbreviations:

CDS - clinical decision support; EHR - electronic health records; EMR - electronic medical records; OPC – Optimum Patient Care; PRI - patient-reported information; PRO - patient reported outcomes