Quality Standard Position Statements for Health System Policy Changes in Diagnosis and Management of COPD: A Global Perspective

Abridged version

Why we need Quality Standards for COPD

There are 384 million people living with COPD,[1] a preventable, treatable condition which is under diagnosed or often diagnosed and treated when the disease is at advanced stages.[2]

COPD exacerbations (also known as "flare-ups") are episodes of sudden worsening of symptoms, which can need a stay in hospital and/or a change in medication.[3-4] These 'flare-ups' can lead to increased hospitalisations and likelihood of mortality. One in five people with COPD will die within a year of their first hospitalisation.[5]

Despite being a leading cause of death, it can be difficult to diagnose and adequately manage COPD.[6-9] Prioritising COPD could help to reduce the burden of unplanned and emergency care on health services something which is especially important as they recover from the COVID-19 global pandemic.[10]

COPD care regimens aligned with global recommendations have been shown to reduce the risk of flare-ups and COPD-related costs.[11] However, these standards are often not in place in many countries, resulting in large differences in the quality of care available for people with COPD.[9,12-18]

Quality standards are designed to help healthcare practitioners in achieving the best disease management based on high-quality evidence.[18] Quality standards reinforce and support more detailed clinical guidelines, driving better behaviours and consistent care for every patient.[18]

Currently, the countries known to have national standards for COPD are: the United Kingdom, the United States, Spain, Germany, and Canada.[18-25] However, even in these countries these standards do not cover all aspects of COPD care.

A new paper published in ***Advances in Therapy***[26], initiated and funded by AstraZeneca, describes quality statements designed to inform national quality standards agreed by patient groups and experts in COPD care – defining what needs to be done to solve key issues facing patients with COPD and providing guidance on assessing whether these issues are being addressed.

Please join us in embracing these global quality standard position statements to ensure consistent care for all patients with COPD.

Get involved by sharing your stories to:

- **Increase the attention towards COPD and its burden by leveraging global quality standard position statements**
- **Help policymakers and healthcare practitioners find gaps and areas for improvement**
- **Change a standard of care that people living with COPD should expect**

Learn more at: www.SpeakUpforCOPD.com.

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The following key points summarise approaches and solutions for transforming the patient journey around the world.

Timely and accurate diagnoses

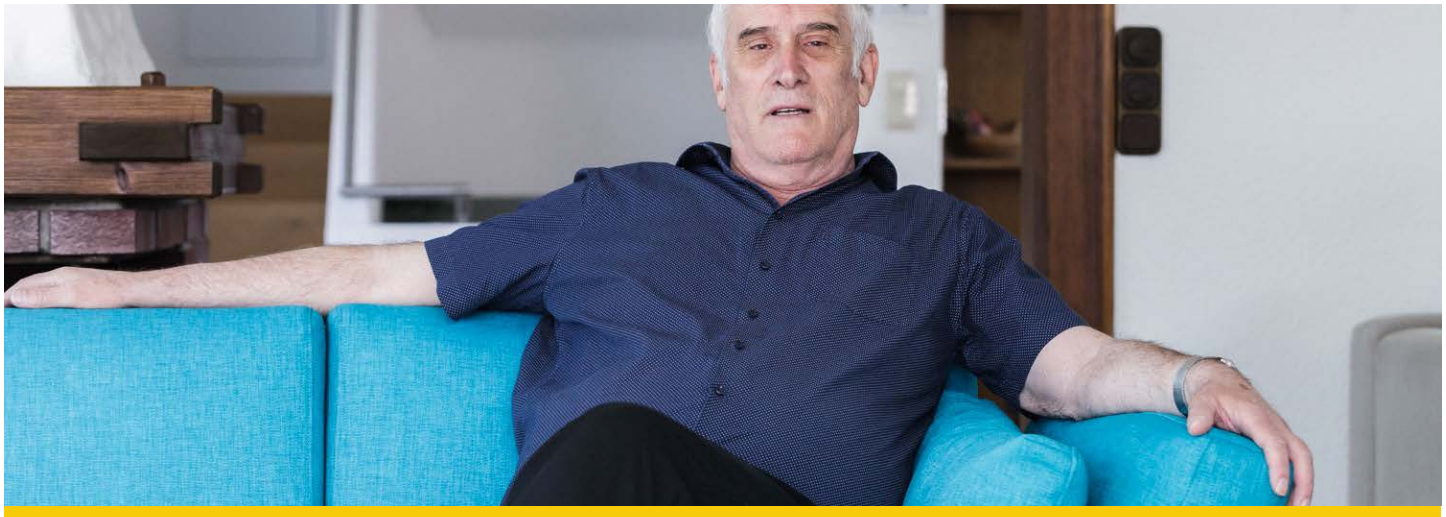
Healthcare practitioners should recognise risk factors and early symptoms of COPD. Clinicians should have access to and select the most appropriate tools with which they can make an informed, timely, and accurate diagnosis.

- The social stigma of symptoms often attributed to ageing, smoking, or exposure to other environmental irritants may discourage patients from seeking timely medical help.[3] Consequently, it is estimated that between 65-86% of COPD cases remain undiagnosed.[6]
- Results from a database study of more than 5,000 patients showed that only about one-third of patients with a new diagnosis of COPD had undergone spirometry.[27]
- Many primary care physicians, nurses, and other healthcare professionals have little formal training in the proper administration and interpretation of spirometry, often due to cost and access issues.[28]

Care plans based on evidence-based recommendations

Patients should have access to evidence-based, personalised care from a respiratory specialist when required.

- Patients with COPD who received specialist care within 24 hours of hospitalisation had a lower chance of death following/during hospital admission and made active efforts to stop smoking.[29]
- Patients Patients experience difficulties accessing appropriate and affordable care. Despite global recommendations for inhaled maintenance therapy, a study covering 50,000 patients in the United States found that two-thirds did not receive this therapy.[30-31]
- Misdiagnosis and misclassification of patients with COPD can be more common in primary than in specialist care settings.[32]



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Post-exacerbation management

Patients should have regular reviews of their management plan following recovery from a COPD flare-up to prevent future flare-ups and/or disease progression.

- Patients should be educated about the importance of preventing and managing flare-ups and the need for regular follow-ups.[33]
- According to data from Taiwan, one in every five patients with COPD died within a year of being discharged from hospital.[34] Patients who are admitted to hospital after a flare-up should receive care from a respiratory specialist team and be provided with a personalised management plan to manage symptoms and prevent potential flare-ups.[35]
- Despite the significant burden of flare-ups on patients and healthcare systems, medical reviews of COPD management plans remain sub-optimal,[4] with only a quarter of patients with a flare-up history estimated to receive appropriate follow-up care.[36]

Regular patient review

All patients with COPD should be evaluated annually regardless of their flare-up history, to ensure they have an appropriate and tailored care plan.

- Even patients with stable disease require regular evaluation to assess current levels of symptom control, the presence of any concurrent illnesses, physical activity levels and exercise capacity.[3]
- Many patents have other co-morbidities, such as significant cognitive, mobility, and hearing decline,[37] A holistic approach to prevention, stopping smoking, rehabilitation, and patient and caregiver education that goes beyond flare-up management should be considered.[38]

Adequate patient and caregiver education

Patients should be educated on the risk factors for COPD, symptoms, flare-ups, and the importance of active engagement in their self-management plan. Caregivers also should be included in educational initiatives to improve clinical outcomes.

- Patients should receive personalised education and formal training on how COPD impacts other health conditions, so that they are able to report any changes to their physicians, to prevent worsening of symptoms and disease progression.[4]
- Overall, self-management strategies used by patients with COPD have been associated with a reduction in symptoms, hospital stays, and improved quality of life.[39]
- Some patients report feeling stigmatised by their healthcare practitioners,[40] which may discourage them from seeking professional medical advice. Therefore, it is essential that patients receive education on the types, onset, frequency, and severity of COPD symptoms.[4]

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