

The state of COPD in the US



- ▶ **An estimated 16 million–26 million** people affected, diagnosed and undiagnosed, with higher prevalence in women^{1-3†§}
- ▶ **Fifth leading cause of death**^{4§}
- ▶ **Affects nearly 6%** of rural residents vs. 3% in urban areas^{5§}
- ▶ **\$31.3 billion** estimated annual cost in 2019; expected to rise to \$60.5 billion by 2029⁶
- ▶ **Nearly 1.8 million** COPD-related acute inpatient hospitalizations in 2021; highest numbers reported in Florida and California^{7**}
- ▶ **Around 20%** of COPD-related hospitalizations resulted in readmission within 30 days⁷

†2018 data *2021 data §2023 data
**among insured people with COPD

COPD is a highly debilitating and often fatal lung disease⁸

Chronic obstructive pulmonary disease (COPD), which includes emphysema and chronic bronchitis, deteriorates people's lung function – restricting airflow, making it increasingly difficult to breathe and potentially affecting every facet of a person's life.⁸ The severity of the disease increases as it progresses; people with COPD can experience flare-ups (exacerbations) that, when severe, require emergency hospital admission.⁸ People with COPD are also at increased risk of heart disease, as airflow obstruction and systemic inflammation linked to COPD can impair cardiac function.⁸ However, appropriate care can improve lung health and quality of life.⁸

Challenges



Identifying it early

Misdiagnosis and underdiagnosis, driven by low awareness of the condition and low uptake of spirometry, contribute to delayed recognition of COPD and late implementation of guideline-directed medical therapy (GDMT), driving disease progression, preventable flare-ups and high readmission rates.⁹⁻¹³



Facilitating access to care

People living with COPD in rural areas experience poorer health outcomes due to limited availability of quality care driven by shortages of pulmonologists, pulmonary rehabilitation and tobacco cessation support services.¹³⁻¹⁶



Protecting population health

Insurance regulations, such as prior authorization and step therapy, can act as barriers to accessing care, and contribute to disparities in outcomes. High out-of-pocket costs can force difficult decisions related to medication adherence.^{13 17}

“Despite COPD being among the top five causes of death, it’s not a top priority; research funding falls behind 150 other diseases.”

– Dr David M Mannino, Chief Medical Officer, COPD Foundation

Living with COPD: Karen's story

“I began experiencing COPD symptoms in 1991 but was not diagnosed for another ten years, by which time my lung function was only at 32%. I completed 36 sessions of pulmonary rehabilitation, but the travel distance prevents me from continuing with maintenance sessions. I wish that everyone with COPD had the same supportive care team I do, and that no one living with COPD faced barriers to best-practice care because of financial or geographic challenges.”



Speak Up for COPD is supported by a coalition of partners across the non-profit sector and pharmaceutical industry to establish COPD as a public health priority. Funding is provided by pharmaceutical industry partners. All partners contributed to this document.

How is COPD being prioritized on the health agenda?

Policies and plans

Implementation status: **Poor**

A COPD National Action Plan was developed in 2018, but there is no congressional funding, and implementation relies on individual states.^{13 18} COPD is part of the Hospital Readmissions Reduction Program and a high-priority public health issue, although readmission rates have not dropped since its introduction.^{19 20}

Clinical guidelines

Implementation status: **Moderate**

Clinical guidelines from the American Thoracic Society, American Lung Association and US Department of Veterans Affairs generally align to the Global Initiative for Chronic Obstructive Lung Disease, but material inconsistencies introduce ambiguity, leading to suboptimal care.^{8 21-23}

Data collection

Overall status: **Good**

The Centers for Disease Control and Prevention monitors COPD-related hospitalizations, emergency room visits and mortality.²⁴

Examples of innovative care

An integrated healthcare provider network in Florida

addressed high COPD readmissions.²⁵ Nurses provide post-discharge follow-up and education while pharmacists can prescribe GDMT and ensure affordability. The program increased GDMT on discharge from 26% to 100% and reduced COPD readmissions from 61% to 33%.

Community pharmacists in Texas deliver medication therapy management to patients with high-risk asthma or COPD enrolled in Medicaid.²⁶ Consultations focus on medication review for complex drug therapy, treatment underuse and patient education, with pharmacists able to successfully resolve 78% of identified issues.

Policymakers must take action to:



establish a standardized COPD care pathway and quality standard in primary care and post-hospital discharge; it should outline diagnostic confirmation, automatic specialist referral triggers and mandatory follow-up to ensure quality and access to care in every state



reduce inequalities in rural areas by investing in essential COPD care and infrastructure, strengthening primary care training and care coordination



align federal and state policies to ensure consistent coverage of GDMT for people with COPD, including reducing insurers' prior authorization and step therapy requirements.

Contributors

We are grateful to the following individuals, whose valuable insights shaped the development of this country profile: **Professor Meilan Han**, University of Michigan; **Dr David M Mannino**, COPD Foundation; **Karen Deitemeyer**, a person living with COPD.

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