

# COPD

## Overview

The chronic lung disease COPD is characterized by reduced airflow, inflammation and flare-ups, called exacerbations, in which the patient may experience increased coughing, mucus, shortness of breath, wheezing, and a feeling of tightness in their chest. If those symptoms are not detected and treated in a timely fashion, they can escalate and lead to hospitalizations, disability and a diminished quality of life.

COPD is the third leading cause of death in the United States. By 2030, COPD will become the third cause of mortality and seventh cause of morbidity worldwide.

## Care Delivery Shortcomings

### **Lack of consistency of prescribing between primary and secondary care :**

Good organisation of care across the interface between primary and secondary care is essential to guarantee patients' high quality care. Lack of communication between professionals in primary and secondary care is often cited as one reason for patients receiving their medicines not in a timely manner. The lack of consistency between primary and secondary care was also criticized by COPD patients. There is evidence that including pharmacist in care teams decreases the risk for errors and help in the optimisations of the treatment.

### **Inconsistency and confusion about drugs and devices:**

A growing number of new drugs and inhaler devices enter the market annually. However, this may also cause inconsistency and confusion among patients but also among professionals on how to treat COPD.

### **Weak inhaler technique training:**

Most patients use their inhaler incorrectly, thereby becoming more susceptible to poor clinical control and exacerbations. Inhaled therapy is the most widely used way to treat patients with COPD, but up to 90% of them do not use their inhalers correctly.

### **Separating cost and efficiency programmes from quality improvement and patient safety initiatives:**

Traditionally the NHS cost and efficiency programmes have tended to be divorced from quality improvement and patient safety initiatives. This disconnected approach means that any savings made from cost improvement programmes are made to contribute to the overall financial position and the opportunity is repeatedly missed to reinvest in high value care i.e. care that improves patient outcomes and reduces costs in the longer term.

### **Adherence across multiple aspects of therapy (including smoking cessation, physical exercise and activity, and medication adherence) remains low.**

**Services are often reactive :**

Services are often reactive focussing on responding to exacerbations rather than taking measures to prevent exacerbation or at least minimize its effects.

## Integrated Care Procurement Objectives

1. Simplify treatment guidelines and pathways in the treatment of COPD. To avoid confusion and inconsistency for patients and professionals, guidelines and pathways on how to use inhaler devices or medication should be simplified. These can support patients to control their medication and not lose the overview but also enable professionals to simplify the treatment for the individual patient.

**Related Integrated Care keyword :**

- PERSONALISED CARE
- SERVICE, FUNCTION AND CARE INTEGRATION / COORDINATION – TRANSITIONS

2. Promote e-learning and mHealth applications for inhaler technique training. E-learning and mHealth applications can support the correct inhale techniques by patients for instance with applications on the smart phone. Thereby, patients can practice at home whenever they want to on their phones and clinics are relieved as well as the risk for exacerbations can be reduced.

**Related Integrated Care keyword :**

- DIGITAL HEALTH
- SELF-CARE AND SELF-MANAGEMENT

3. Address the lack of tools to assess the capacity and capability of patients and carers to deal with the treatment burden. Include relevant stakeholders such as pharmacist to optimise treatment, detect errors in medication and interactions, adapt presentations if needed and support the team in their decision-making processes.

**Related Integrated Care keyword :**

- CARE TEAM BUILDING
- HOLISTIC AND COMPREHENSIVE APPROACH
- SERVICE, FUNCTION AND CARE INTEGRATION / COORDINATION – TRANSITIONS

4. Find solutions and tools to support the improvement of self-efficacy and to support education and training as well as motivation and behaviour change.

**Related Integrated Care keyword :**

- DIGITAL HEALTH
- HOLISTIC AND COMPREHENSIVE APPROACH
- PERSONALISED CARE
- PERSON-CENTRED

- SELF-CARE AND SELF-MANAGEMENT

5. Address the lack of understanding of the processes involved in long-term treatment compliance. Treatment compliance needs to be understood with a holistic approach. There is a need for tools and strategies to monitor patients' compliance to treatment, to detect and analyse the problems if there is a fatigue and to support them with the adherence.

**Related Integrated Care keyword :**

- DIGITAL HEALTH
- HOLISTIC AND COMPREHENSIVE APPROACH
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6. Address the lack of training and available material to support teams and patients in the self-management development. There is a need to develop motivational and educational material, adapted to local context and different capacities to support care teams and patients in their self-management.

**Related Integrated Care keyword :**

- CO-PRODUCTION
- SELF-CARE AND SELF-MANAGEMENT
- WORKFORCE RESOURCES, TRAINING AND CAPACITY BUILDING

7. Develop drug interaction detection tools and integrate the role of pharmacist in the care team to optimise treatment and avoid risk. Research improvement and evidence-based guidelines for drug interactions are necessary to be included.

**Related Integrated Care keyword :**

- CARE TEAM BUILDING
- HOLISTIC AND COMPREHENSIVE APPROACH
- PERSONALISED CARE