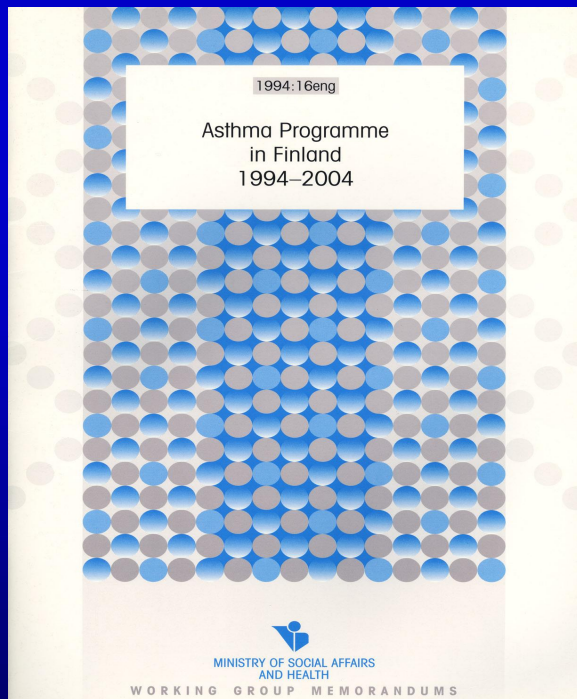


# The Finnish Asthma Programme 1994 - 2004



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# Erkka Valovirta: Disclosures

- **FINANCIAL**

- **Lectures for:**

- ALK-Abello, GSK, S-P, UCB-Pharma, MSD, ALTANA-Pharma, Orion, Nutricia, SHS

- **Participation at congresses:**

- ALK-Abello, UCB-Pharma, MSD, Nutricia, ALTANA-Pharma, S-P, Novartis, Nutricia

- **Advisor:**

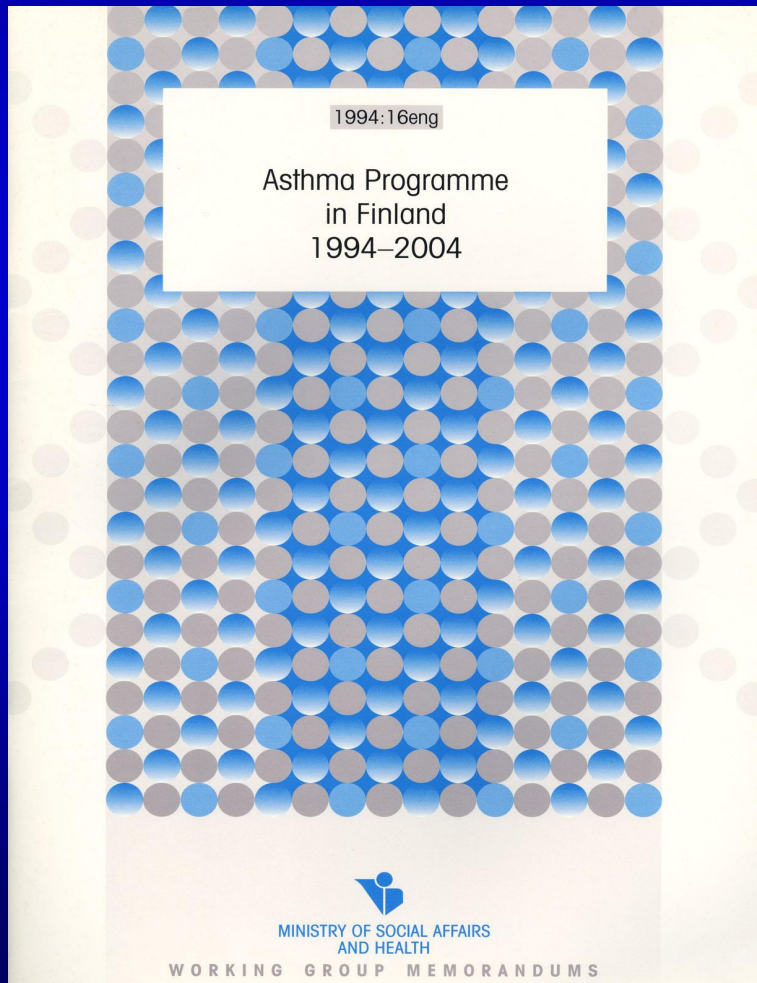
- ALK-Abello, MSD, GSK, Novartis

- **No Pharma-Industry Shares**

- **ALLERGOLOGY**

- ARIA ExCom
- GARD Planning Committee
- WAO Speciality Committee
- EFA Medical Advisor
- WHO Temporary Advisor
- EAACI Immunotherapy Interest Group Chairman
- UEMS Allergy Section and Board member
- Chairman of the Allergy Section of the Finnish Pediatric Association

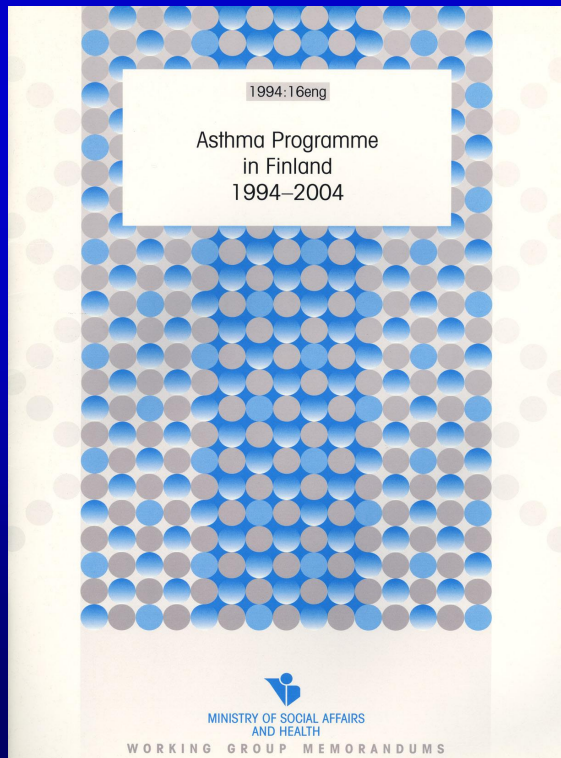
# Asthma Working Group appointed by the Ministry of Social Affairs and Health



- To design a national programme to
  - **Decrease the burden of asthma**
  - **To reduce of the costs**
- **Partners:**
  - Min of Social Affairs and Health
  - Min of Environment
  - Social Insurance Institution
  - Finnish Ass of Lung Physicians
  - Allergy and Asthma Federation, NGO
  - Pulmonary Association HELI, NGO

# National Asthma Follow-up Group appointed by the Ministry of Social Affairs and Health

- **To implement the programme regionally and locally**
- **May 1996 – Dec 1998**
- **Partners:**
  - Min of Social Affairs and Health
  - Min of Environment
  - Social Insurance Institution
  - Finnish Ass of Lung Physicians and Paediatricians
  - Allergy and Asthma Federation NGO
  - Pulmonary Association HELI NGO
  - Reps from GPs and nurses
  - Pharmacists
- **Coordinated by FILHA (NGO) since 1999 [www.filha.fi](http://www.filha.fi)**



# Regional education



**Table 1** Stepwise educational sessions and target groups during the 10 year programme organized by Finnish Lung Health Association (Filha) and other professional bodies

Step	No of sessions	No of participants
(1) Pulmonary and paediatric hospital units	100	5300
(2) Primary and secondary care professionals	237	3700
(3) All healthcare professionals	450	25500
(4) Regional paediatricians and primary care professionals (mini-programme)	25	1300

- **Coordinated by FILHA (NGO) since 1999**
- Direct cost of the programme was €0.65 million including €125 000 from the Ministry of Social Affairs and Health who also gave their political commitment to the programme
- The intervention was managed by intergrating the tasks into everyday practice of the healthcare staff
- Most of the activities were a part of the clinician's and administrators' routine work

# Goals of the Asthma Programme

- 1) As many patients as possible with early asthma recover
- 2) Asthma patients feel well, and their working and functional capacity correspond to their age
- 3) The percentage of patients with severe and moderate asthma falls from the current (in 1994) 40% to 20%
- 4) The number of bed-days of asthma patients decreases by 50% by the year 2000, that is to 50,000 a year
- 5) The annual costs per patient fall 50% as a result of more effective prevention and treatment

# Measures to achieve the goals

- 1) Early diagnosis and active treatment
- 2) Guided self-management as the primary form of treatment
- 3) Reduction in respiratory irritants such as smoking and ETS
- 4) Implementation of patient education and rehabilitation combined with normal treatment, planned individually and timed appropriately
- 5) Increase in knowledge about asthma in key groups
- 6) Promoting scientific research

# Working strategy and implementation

- Implementation of new knowledge, especially for primary care
- Main premise underpinning the campaign: asthma is an inflammatory disease and requires anti-inflammatory treatment from the outset
- Keys for implementation:
  - Effective network of asthma-responsible professionals (GPs n=200, nurses n= 580) in each Finnish healthcare centre (n=271)
  - Development of a post hoc evaluation strategy
- The patient, and the parents, and the attending HCP and the unit shall bear the primary responsibility for the asthma treatment

# DID WE ACHIEVE THE GOALS?

1) As many patients as possible with early asthma recover

- the number of children and adults with new special reimbursement reached a turning point in 2001 and is decreasing

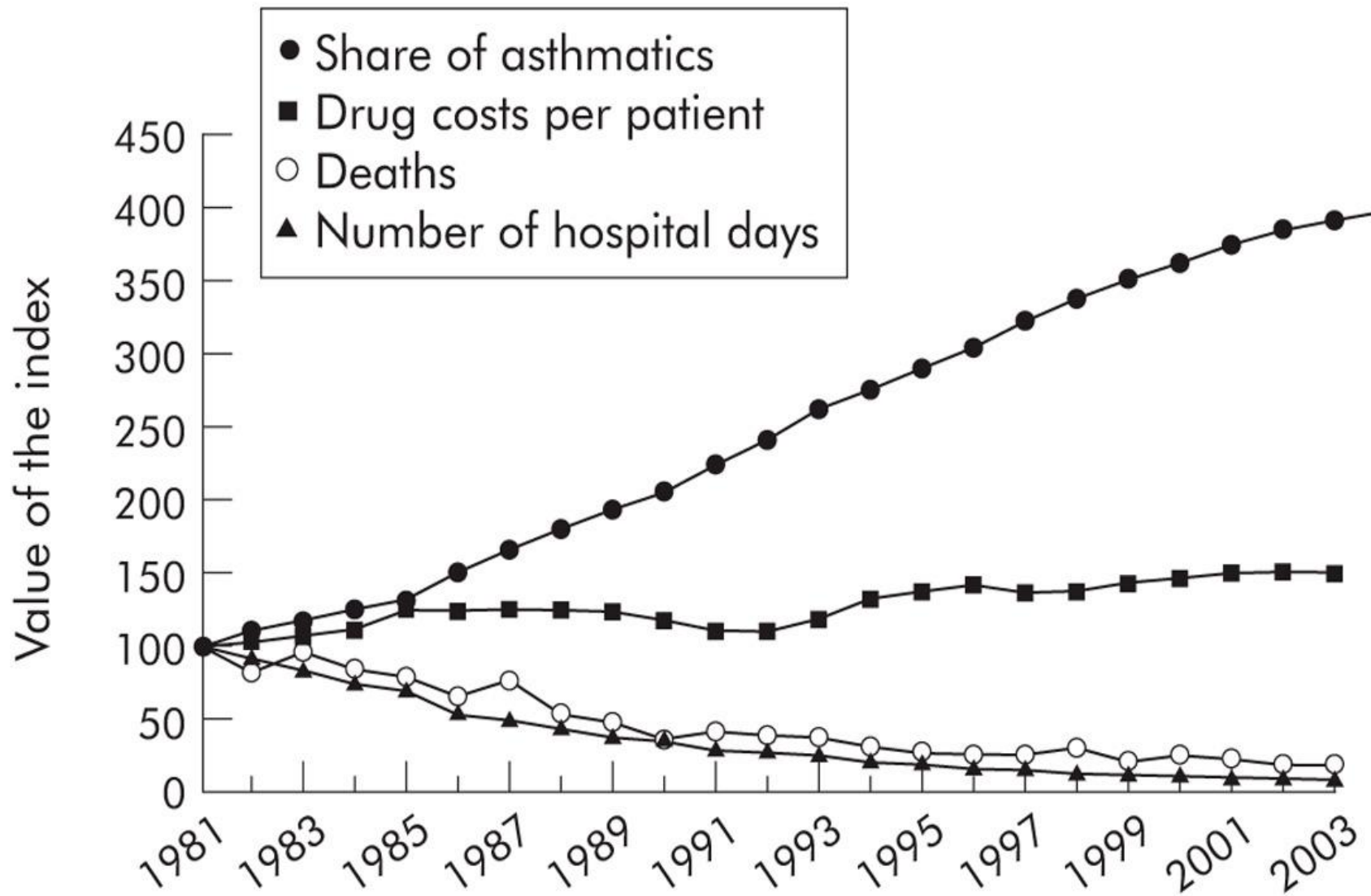
2) and 3) Asthma patients feel well, and their working and functional capacity correspond to their age. Decline in percentage of patients with severe and moderate asthma from 40% to 20%

- patients with severe complications have substantially decreased, as have physical limitations

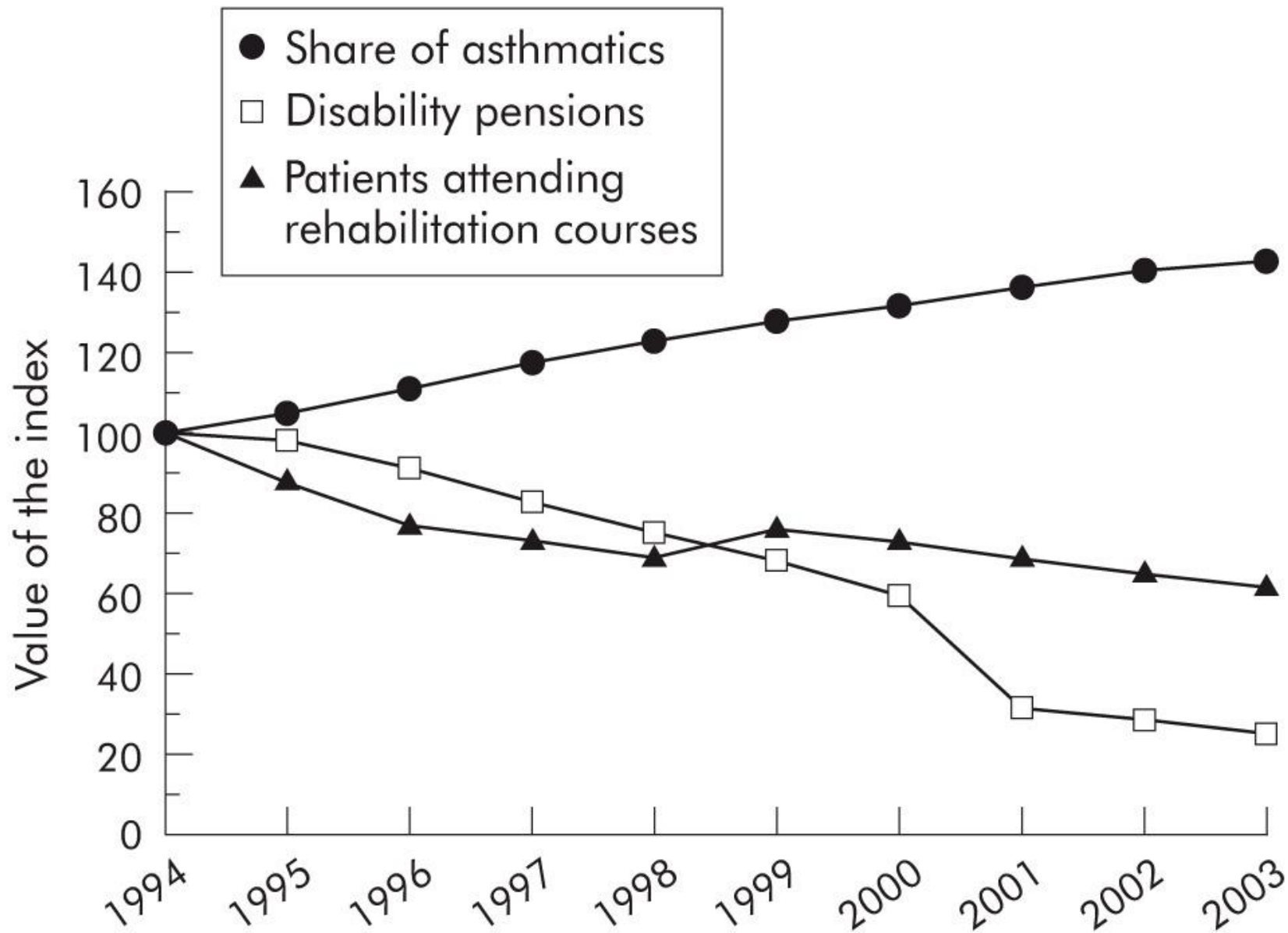
- the absolute numbers of hospitalisation days, disability pensions, allowances for days off work and need for rehabilitation have all decreased 30-50%

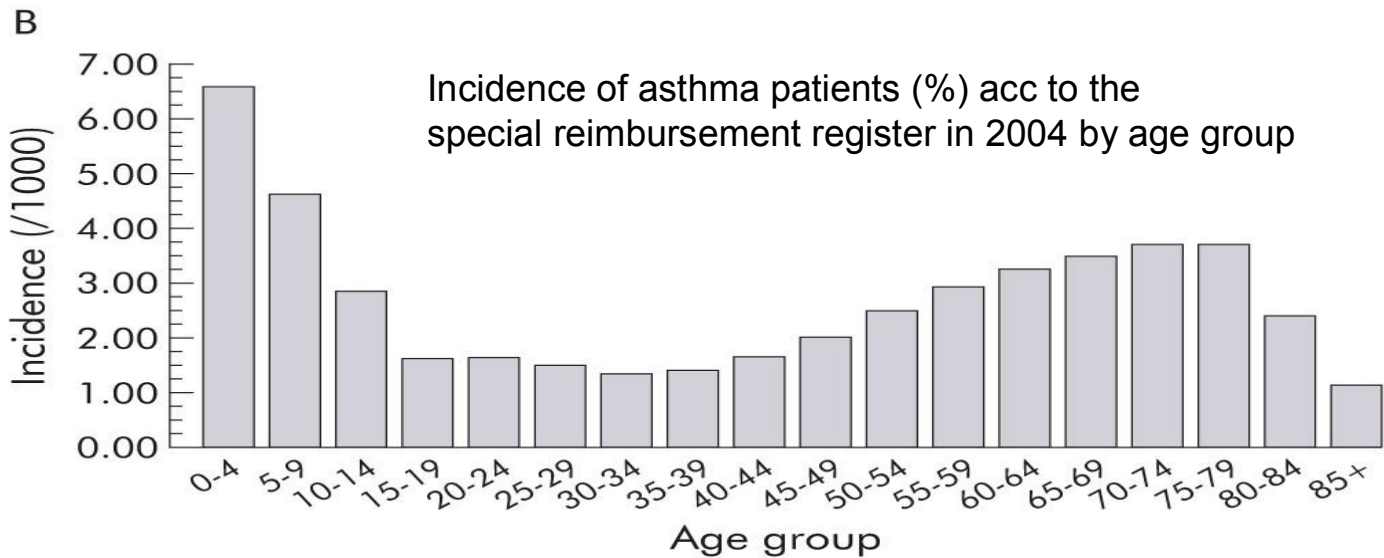
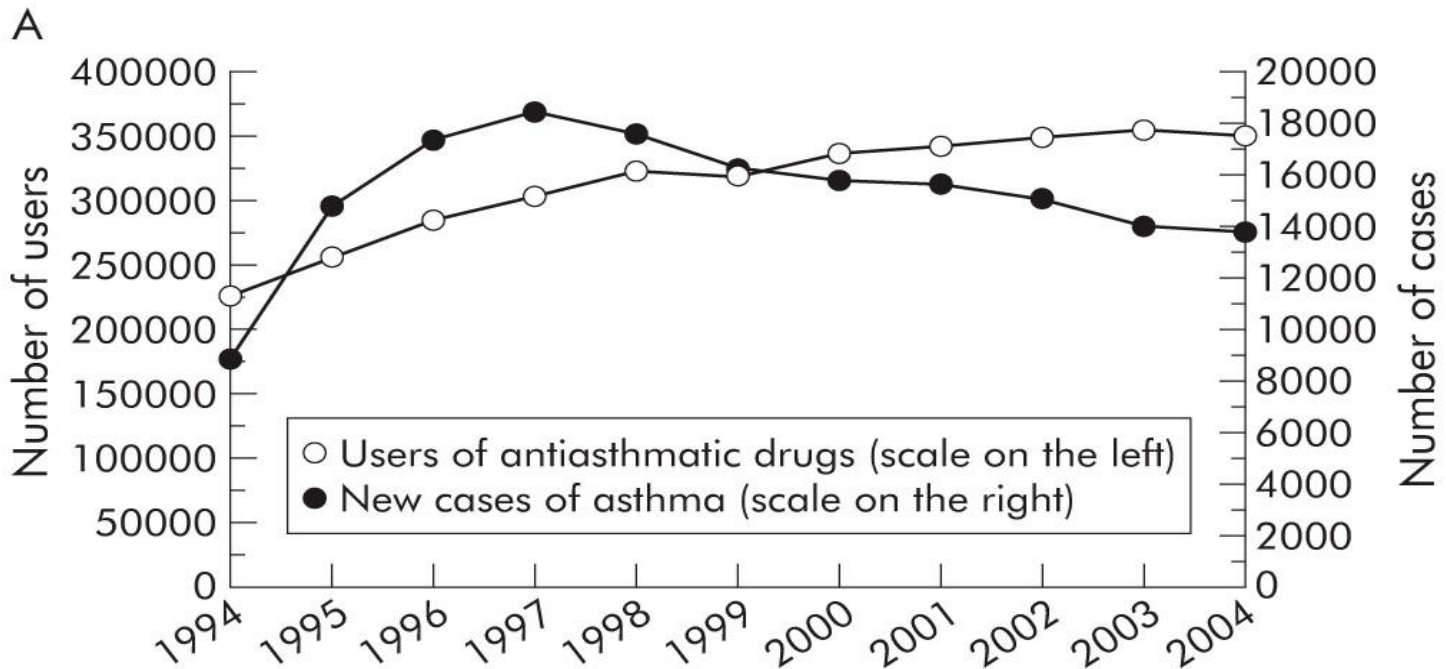
# DID WE ACHIEVE THE GOALS?

- 4) The number of bed-days of asthma patients decreased by 50% by the year 2000, that is, by 50,000 a year
  - the number of days hospitalised has fallen by 56% from 110 000 in 1993 to 51 000 in 2003, and in relation to the number of asthmatics by 70%. The trend is still downwards.



Finnish Asthma Programme 2005

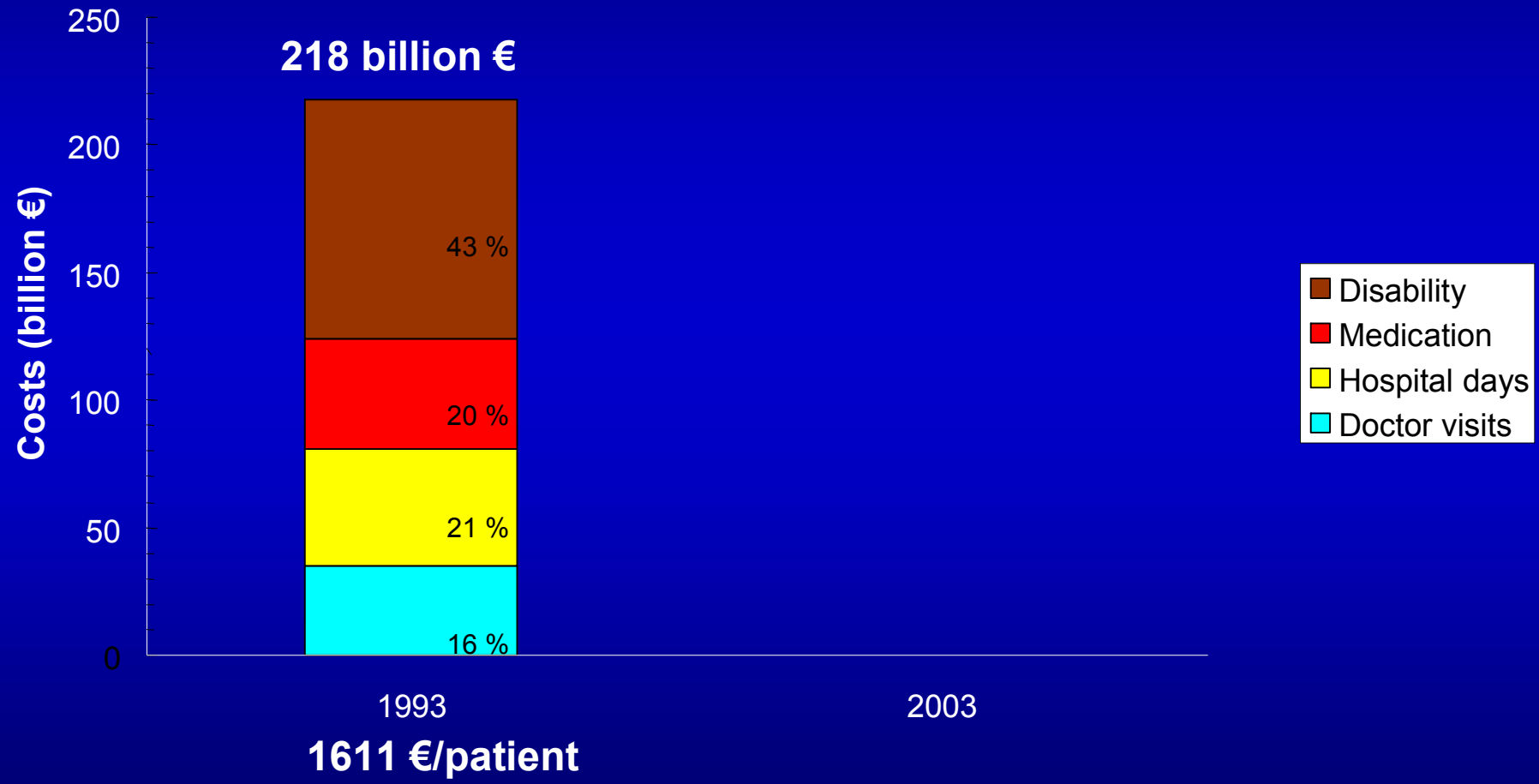




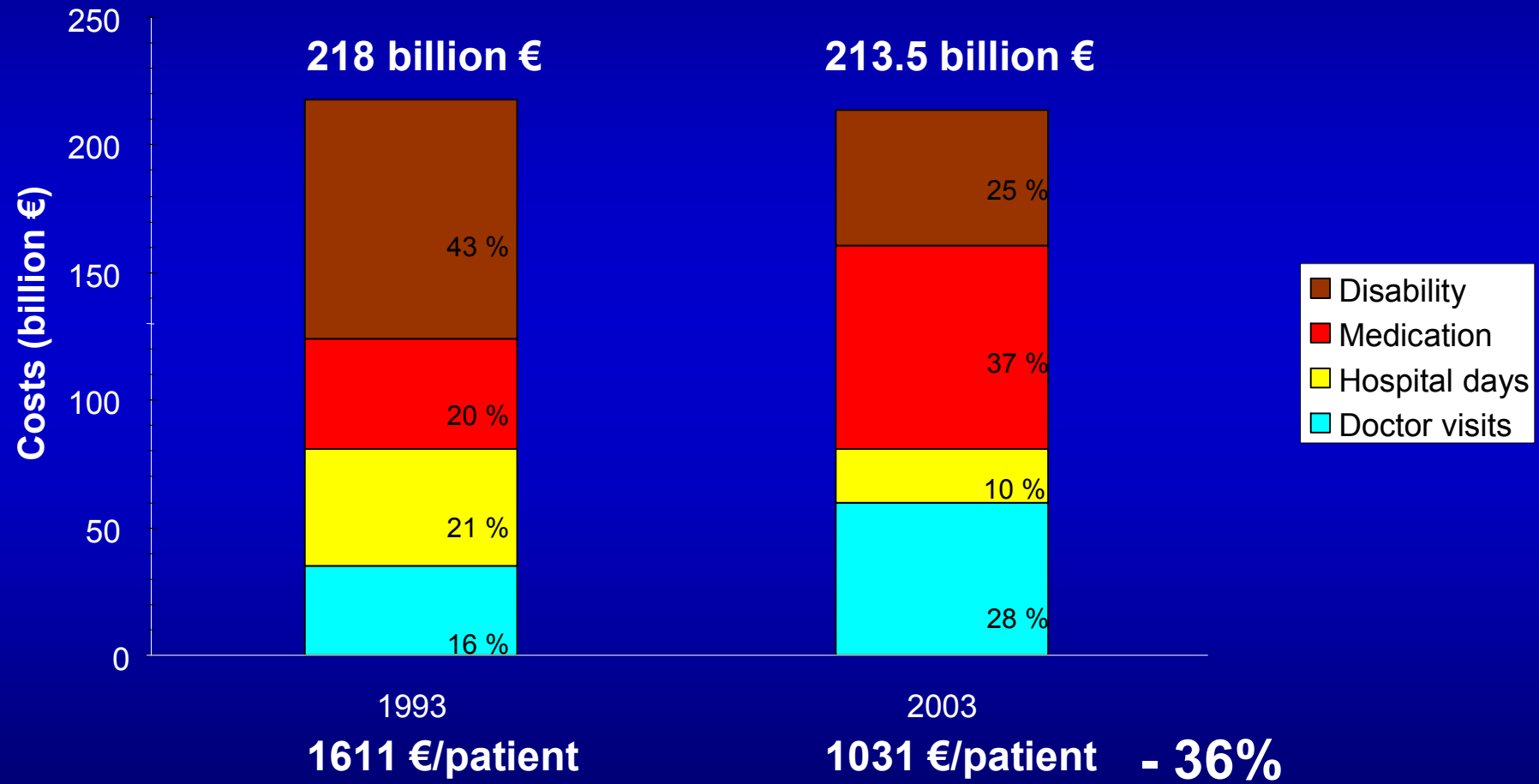
# DID WE ACHIEVE THE GOALS?

- 5) The annual costs per patient fell by 50% as a result of more effective prevention and treatment
- When compensation for disability, drugs, hospital care and outpatient doctor visits are taken into account, costs per patient have decreased (related to the increase in gross national product) by 50%

# Asthma costs in 1993 and 2003



# Asthma costs in 1993 and 2003



Haahtela et al. Thorax 2006

# Summary and challenges for the future

- **Programme has been successful:**
  - Programmed collaboration between different stakeholders
  - Most activities a part of daily routine clinical work
  - Resources and know-how are better
  - Timely proper diagnosis in primary care
  - Patients feel well, the number of disability pensions and hospital days have decreased
- **Challenges:**
  - To maintain the achieved situation
  - To develop asthma education and rehabilitation
  - To develop a follow up system

# **A 10 year asthma programme in Finland: major change for the better**

T Haahtela, L E Tuomisto, A Pietinalho et al.

**Thorax 2006;61:663-670**