Understanding inequalities in COPD prevention and care policies across Europe

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Introduction

The European Federation of Allergy and Airways Diseases Patients' Associations (EFA) identified in 2013 eight minimum standards to guarantee quality care for COPD in Europe. With approximately 4-10% of all European adults affected by COPD, EFA pledged for the reinforcement of COPD prevention through the inclusion of spirometry tests in general health checks, the promotion of rehabilitation programmes and the support of smoking cessation programmes. This abstract provides more information on how the fragmentation of healthcare systems in Europe is translated into COPD care.

Objectives

The main aim was to fill the data gaps EFA encountered in previous analyses on the situation and coverage of chronic obstructive pulmonary disease (COPD) in Europe, to:

- map existing health policies to promote prevention, early diagnosis, support measures and therapies such as pulmonary rehabilitation for COPD patients
- understand how healthcare is organised in each country and the decision-making processes related to prevention, early diagnosis and rehabilitation
- identify the decision makers in the 19 countries surveyed.

The ultimate goal is to use this information to tailor advocacy campaigns targeted to national decision makers to tackle the gaps in prevention and care in each country, and thus generate a concrete improvement of COPD policies in Europe as well as harmonizing healthcare for COPD patients throughout the continent.

Methodology

EFA circulated a survey among COPD patients, healthcare professionals and institutions addressing the three priority standards identified by COPD patients: (i) prevention, (ii) early diagnosis and (iii) support measures and therapies such as pulmonary rehabilitation.

The data were collected during the summer 2014 via telephone interviews (or via email) with national healthcare professionals expert in COPD using a structured questionnaire with open reply options. The questions were aimed at obtaining qualitative data. A selection of possible reply options was provided to assist respondents. Missing or complementary data were obtained from the European Observatory on Health Systems and Policies reports and from other official sources. EFA members were invited to add patient focused information.

Acknowledgements

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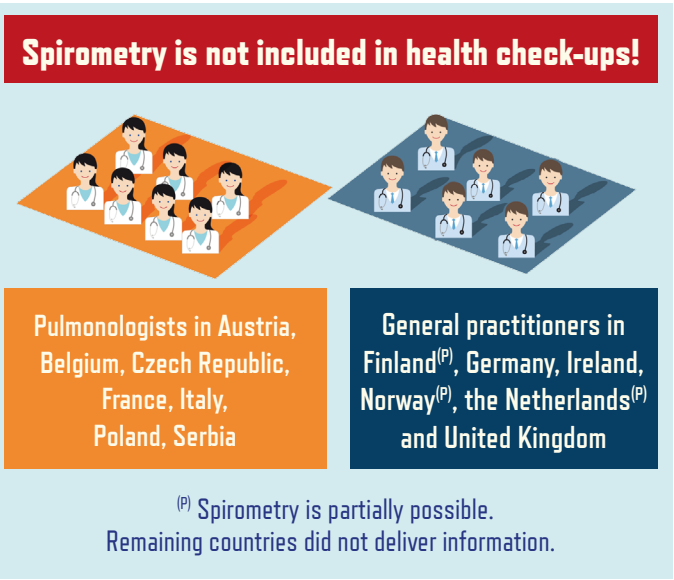
Results

1. The cost for patients to access COPD care greatly differs across Europe

In all 19 countries patients must pay a small fee for some services. However, chronically and severely ill patients are often exempt from paying these fees. Unfortunately, in some countries like Italy and Finland, COPD is not recognized as a chronic disease, thus patients may have some limitations in accessing appropriate care free of charge.

2. Spirometry is not common practice



In the majority of countries, COPD is diagnosed by pulmonary specialists. General Practioners (GPs) are mainly not aware of the importance of spirometry for early diagnosis of COPD, and they are not actively encouraged to use it, also because they do not receive extra payment for spirometry. In countries where periodical check-ups are promoted, spirometry is not included in the majority of cases, not even for at-risk patients.

3. Access to pulmonary rehabilitation and to smoking cessation is unequal

Whereas national associations of healthcare professionals fully recognize rehabilitation as part of the therapeutic programme for COPD patients, often this is not recognized by the healthcare systems. Given that the organization of rehabilitation centers is often the responsibility of local or regional authorities, this causes disparities in access to pulmonary rehabilitation.

Conclusions

The results of this survey illustrate that Europe is still far from harmonization of preventive and other healthcare measures for COPD patients and the number of different approaches and mechanisms that European countries use to decide on healthcare is remarkable. We still need to analyse to what extent such a variety of decision-making cultures influences equality at EU level but we know that:

- National health authorities can dramatically reduce COPD deaths and costs by **including spirometry as a compulsory test in regular health check-ups.** By determining which healthcare level will be doing the spirometry tests and paying the medical professionals accordingly, European countries can make COPD prevention a reality.

- National leaders can avoid duplication and increase efficiency of COPD management by **better coordinating all healthcare services involved in COPD care.**

- EU countries should **encourage and support COPD patients willing to work** and that any smoker willing to quit should have free access to evidence-based smoking cessation programmes.

EFA strongly encourages patients, healthcare professionals and national policy-makers to use this information to fuel campaigns aimed at filling the gaps in some countries, and in eliminating inequalities in COPD prevention and care throughout Europe.

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