

The state of COPD in Australia



- ▶ **700,000 people** living with COPD^{1*}
- ▶ Fifth leading cause of death^{1*}
- ▶ The **leading cause of potentially preventable hospitalisations**²
- ▶ Causes potentially **more preventable hospitalisations than heart failure** (in people aged 65–79)^{3†}
- ▶ **AUS \$832 million** (USD \$619 million) cost to the Australian health system each year^{4 5‡}

*2021 data †2017–18 data ‡2020–21 data

COPD is a highly debilitating and often fatal lung disease⁶

Chronic obstructive pulmonary disease (COPD), which includes emphysema and chronic bronchitis, deteriorates people's lung function – restricting their airflow, making it increasingly difficult to breathe and potentially affecting every facet of a person's life.⁶ The severity of the disease increases as it progresses and people with COPD can experience flare-ups that, when severe, require emergency hospital admission.⁶ However, appropriate care can improve lung health and quality of life for people with COPD.⁶

Challenges



Identifying it early

Poor application of essential diagnostic tests (spirometry) in primary care² leads to under and misdiagnosis.⁷



Protecting population health

Health inequalities can result in disparities in COPD outcomes for Aboriginal and Torres Strait Islander people; data suggests that they are 5.4 times more likely than non-Indigenous people to experience a preventable COPD hospitalisation.²



Facilitating access to care

Only 5–10% of Australians living with COPD are receiving pulmonary rehabilitation⁸ (a globally recommended comprehensive intervention to improve the physical and mental wellbeing of people with respiratory disease);⁶ according to an interviewed clinician, limited access is due to workforce shortages, geographic challenges and ineffective reimbursement models.⁹

'Spirometry is grossly underperformed in the majority of COPD patients.'

– Professor Christine Jenkins
The George Institute for Global Health and UNSW Sydney

Living with COPD: Russell's story

Russell had been living with asthma since childhood. After experiencing frequent bouts of breathlessness, he visited his primary care physician. He had to push for a referral to a respiratory specialist, where he was diagnosed with COPD. Although he had finally been given a formal diagnosis, Russell struggled to find a pulmonary rehabilitation programme, so he took the initiative to do his own exercises. He still feels that there are significant gaps in access, consistency and reimbursement for pulmonary rehabilitation.



How is COPD being prioritised?

National policies

Overall status: **good**

COPD is featured in Australia's national strategic action plan for lung conditions.¹⁰ Lung Foundation Australia has also provided the government with a blueprint for COPD policy action from 2022 to 2025.²

Clinical guidelines

Overall status: **good**

National COPD clinical guidelines have been co-developed by the Thoracic Society of Australia & New Zealand and Lung Foundation Australia.¹¹ The Australian Commission on Safety and Quality in Health Care is expected to launch care quality standards for COPD in 2024.¹²

Data collection

Overall status: **good**

The National Health Data Hub is a government-led initiative that collects data on COPD health system usage, including hospitalisations, emergency department visits, outpatient care and prescriptions.^{13 14}

Case studies

COPD Online Patient Education

(C.O.P.E.)¹⁵ is an interactive platform that allows people to undertake the educational component of a pulmonary rehabilitation programme from home.

The COPD Action Plan¹⁶ is a template completed by a primary care physician or respiratory specialist together with the person living with COPD. It aims to improve recognition and management of flare-ups, and support self-management.

COPD pharmacist training¹⁷ is an online programme that aims to upskill pharmacists to better identify COPD symptoms and support people living with COPD by providing information on self-management and the optimal use of medicines.

Policymakers must take action to:



increase the use of diagnostic testing for COPD – particularly spirometry in primary care – through enhanced training of relevant healthcare professionals



address health inequalities in COPD by providing tailored prevention, diagnosis and care approaches to traditionally underserved communities



enhance access to pulmonary rehabilitation by increasing the number of available programmes; and ensure equal access throughout the country by moving to a federal funding and reimbursement model.

Contributors

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Russell Winwood, person living with COPD

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