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Raising the profile of chronic obstructive pulmonary disease with healthcare decision-makers

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Chronic obstructive pulmonary disease (COPD) is a smoking-related disease that leads to progressive loss of lung function, debilitating symptoms and impaired quality of life. It imposes a considerable burden on patients, healthcare professionals and healthcare payers in the developing world – a burden that is expected to increase considerably as the consequences of continuing, and in many countries increasing, smoking habits become manifest.

Despite this burden, COPD is a 'Cinderella' condition that receives limited recognition from patients and physicians. Considering the huge impact of COPD, compared with other conditions there is significant underfunding of research both into understanding the condition and into finding improved ways of treatment. With this low profile, it is perhaps not surprising that healthcare decision-makers also pay little attention to COPD. As a result, patients are not receiving optimal management, and audit studies have confirmed that care processes in hospital and in primary care leave much to be desired. Yet we know that the progression of COPD can be avoided by ceasing smoking; symptoms can be successfully alleviated and many exacerbations (including those requiring distressing and costly hospital admissions) can be prevented.

So how can this situation be improved? A key priority must be raising the profile with healthcare decision-makers. This was the outcome of a recent meeting, held in Amsterdam, The Netherlands, on 24–25 January 2002 and attended by primary and secondary care physicians, academic and pharmaceutical company health outcomes researchers, and decision-makers from healthcare payers. Delegates came from a number of European countries, as well as from Canada and the U.S.A.

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It was apparent that nihilistic views contributed to the lack of awareness. Delegates considered that this could be addressed by greater patient understanding of the condition to encourage early presentation, earlier diagnosis by physicians, and recognition by healthcare payers of the benefits arising from small improvements in quality of life obtained with suitable interventions. Recent guidelines for the management of COPD were considered – such guidelines beg the question of how to define treatment success. A number of presentations at the meeting indicated that the success of COPD treatment differs with perspective – patients, physicians and healthcare payers have different criteria for success. However, a common measure emerged – the importance of exacerbations to patients, healthcare professionals and healthcare payers alike. Treatments that can reduce the frequency or severity of COPD exacerbations can make a valuable contribution.

Obtaining evidence that will be valued and used by healthcare decision-makers presents another challenge in COPD. While randomized clinical trials are usually considered as the gold standard of evidence, with COPD they may fail to present the full picture due to exclusion of patients with concomitant health conditions, difficulties in defining appropriate health outcome measures, and relatively short duration compared with the prolonged course of the disease. Healthcare payers need to see evidence of treatment success applicable to the populations for whom they are buying care. Comparators need to be meaningful – that is, compared with usual therapy and not with placebo. Retrospective audits and analyses of large administrative databases that describe the relevant populations may provide some of the evidence required to justify healthcare decision-makers increasing their funding strategies for COPD. Finally, presenters from a number of healthcare systems described the limitations of evidence on effectiveness from the viewpoint of healthcare payers, some of the tools used by decision-makers to address these difficulties, and how healthcare payers decide on the therapies to be funded.

The papers in this supplement summarize the presentations and discussions that took place during the meeting, in the hope that sharing this information with a wider audience can help to raise the profile of COPD.

My thanks, as chairman of the workshop, are extended to all the participants, and to GlaxoSmithKline for the educational grant that made the meeting possible.