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Treatment gaps in severe asthma across nine OECD countries and recommendations for addressing them

An international survey of clinicians

Executive Summary

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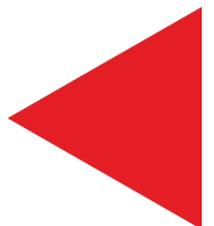
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Overview of environment

Despite advanced pharmacological treatment options, there is still significant unmet need in severe asthma.

Despite the opportunity for improved outcomes in severe asthma (SA) care through enhanced management techniques, substantial morbidity and poor outcomes remain. Mortality is predominantly higher for people living with SA who are treated with Oral Corticosteroids (OCS), while a significant proportion of asthma deaths are preventable with efficient routine care.

Improved outcomes call for more efficient quality assessment efforts in severe asthma care and redefining priorities of severe asthma management towards more patient-centric care.

Improving healthcare and treatment for SA requires clinician and patient level information on the diagnostic, prescribing and service delivery practices, which is currently not collected extensively or systematically in many countries. Collection of relevant outcomes data is a fundamental step towards the implementation of effective performance and outcomes measurement in SA care. As we continue to face the impact of the global COVID-19 pandemic, now, more than ever, is the time to redefine priorities in asthma management, as current systems and practices may contribute to a greater risk of life-threatening attacks, specifically for people living with SA.

Methods

Following an in-depth review of the relevant literature, we developed a robust framework of SA relevant indicators around: *a) Policy structure and organisation* (national strategies for asthma and SA; existence and geographic distribution of specialist care for SA); *b) Diagnosis* (diagnostic and referral pathways, and materials and education); *c) Treatment* (prescribing patterns and biologic use); and *d) Care delivery* (availability of Multidisciplinary Teams (MDTs) and specialist nurse/educators for SA, resource utilisation and access to, communication, quality and management of care). A global survey of SA clinicians captured insights on current practices/ outcomes on the above indicators. Supplementary insights from *people living with SA* were used to enhance and compare evidence gathered by clinicians across specific indicators. We performed a comparative analysis of

Geographic scope

The geographic scope of the research covers Australia, Brazil, Canada, France, Germany, Italy, Japan, Spain, Sweden and the United Kingdom.

responses and benchmarking of the perspectives and experiences reported by clinicians and people living with SA across countries.

Results

Our study reveals a lack of consistent practices in SA management and organisation of care across countries at a global level, and unavailability of standardised evidence across several major indicators in pharmacological management and clinical care for SA. Key insights include:

- Clinicians surveyed reported an average time to specialist referral of 5.5 months, varying from 19 days in Germany and up to 24 months in Brazil. Similarly, people living with SA surveyed reported an average time of 4.5 months, varying from 14 days in Germany and up to 5 or 24 months in Canada and Brazil respectively.
- Insights from people living with SA reported an average waiting times of 2 months for diagnosis/treatment information exchange between referral and specialist sites, confirming the inadequate communication between referring and specialist sites that was reported by one third of clinicians surveyed.
- While specialist centres for SA exist across countries, according to the majority (92%) of clinicians, around half (46%) of surveyed people living with SA actually reported that they received care at a specialist asthma centre, suggesting concerns over the geographic distribution of these centres. This was also confirmed by 60% of surveyed clinicians who rated the geographic distribution of these facilities as insufficient.
- Clinicians surveyed reported that the number of people living with SA accessing MDTs and specialist nurses and/or educators for SA fluctuates significantly across countries, while a key barrier to accessing such services was local/regional unavailability.
- Overall, prescribing rate of OCS was lower in the later treatment stages of the SA treatment pathway, but remained prominent among clinicians in Italy, Japan and Spain. Insights from people living with SA confirm both a reduced overall OCS utilisation in the later treatment stages, and reliance on OCS among those people providing insights in Spain, Australia and France.
- According to insights gathered from both clinicians and people living with SA, there is a reported higher prescribing rate of biologics in the later stages of the SA treatment pathway. Nevertheless, while almost all (96%) of clinicians surveyed currently have people living with SA on biologics, only half of the people who provided their insights reported that they were actually offered the option of a biologic treatment.

Recommendations

A number of salient observations and respective recommendations towards improved care and enhanced outcomes in SA arise from this comparative analysis.

1 *Redefine the key goals of severe asthma management and care.*

Our study highlights gaps and priority areas of improvement in SA care other than managing symptoms and co-morbidities. These areas include the following:

- Prompt referral to specialist care is key to reducing hospitalisations and facilitating timely access to biologics; educating asthma clinicians and communities of people living with SA to recognise SA as a distinct condition with specific symptoms and referral criteria can facilitate referral.
- Shared decision-making between people living with SA and their clinicians is essential to minimise the impact of adverse effects of treatment on physical, mental, and emotional health and consequently maximise compliance. On that front, room exists for improvement in the accessibility and effective utilisation of educational materials, asthma management plans and tools both for people living with SA and physicians across the globe.

2 *Perform regular and systematic assessment of asthma management and care delivery.*

- Outcomes measurement is key towards identifying areas of poor health outcomes and inadequate care and therefore improve outcomes for people living with SA. Practical syntheses of best-care experiences and practices reported by people living with SA and their clinicians are needed to guide policy makers and health care professionals in delivering evidence-based care. In order to allow for evidence-based decisions, countries need to develop a way to collect data on a frequent and systematic basis in SA treatment and care.

3 *Involve people living with severe asthma, physicians and other stakeholders.*

- People living with SA and other key stakeholders need to be included throughout the process of continual assessment. This engagement includes the design, implementation, analysis, and assessment of gaps and needs, as well as identifying potential solutions for improved care. Countries can establish a working group comprised of all stakeholders to ensure requirements and experiences are adequately reflected in efforts.