International comparison of the quality of severe asthma care: An overview
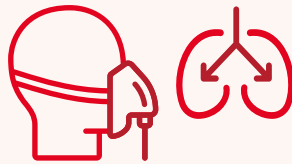
The unmet need in severe asthma

Advances in science have led to a much-improved understanding of severe asthma as a distinct condition, as well as its causes and management options. However, health care systems have not kept pace, and patients do not routinely get access to the specialist care and the pharmacological treatments that their condition requires.[1]

17–34m[2] people

Severe asthma is **a distinct form of asthma** that can seriously impact the lives of patient[1]

Patients experience **worse symptoms and exacerbations** than those with mild or moderate forms of asthma, and have **a worse health-related quality of life**[1]

Severe asthma **accounts for a significant proportion of direct and indirect asthma costs**

What is the audit?

The London School of Economics (LSE), with support from AstraZeneca, has undertaken a comprehensive audit of how severe asthma is managed in a number of health care systems, in order to understand how different health care systems perform and identify key areas in need of quality improvement

The audit was developed as an international benchmark based on publicly available data, the perspectives of clinicians, and the experience of people who live with this condition every day. It will help to identify gaps in current care and establish areas in need of policy reform.

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Why is policy reform needed in severe asthma and how can the severe asthma audit help?

Severe asthma represents a significant burden on people, health systems and society around the world,[1] yet it has been **under-prioritised** with public health efforts, resulting in stagnating improvements in reducing morbidity and mortality[3]

Publications such as the Severe Asthma Patient Charter[1] and the Global Quality Standard for the Identification and Management of Severe Asthma have offered tangible **policy reform recommendations for national health systems globally**[4]

Despite this consensus on what good severe asthma care should look like, **progress towards improved care standards for people with severe asthma has been slow**

The **global COVID-19 pandemic has brought into sharp focus the importance of respiratory health** to individuals, health systems and society at large. At the same time, the pandemic has also **fostered several significant advancements, which can potentially serve as the foundations of a renewed and reformed approach** to these long under-prioritised conditions

The audit **demonstrates the limitations of existing data in severe asthma**, without which, healthcare systems cannot assess the performance of current services and deliver improvements to drive quality improvements

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Key findings

- The current data for assessing performance in severe asthma is scarce

- There are significant differences in clinical practices for severe asthma management both across and within countries

- Data on clinical and pharmacological management of severe asthma is not routinely available and, despite increased use of biologics, there are still significant gaps in patient care that are stalling improvements in patient outcomes

- The lack of quality of care standards, national strategies or plans specifically for severe asthma are a further obstacle to improving standards of care

- Significant variation exists across countries with regard to referral practices and times, and diagnostic pathways

Recommendations

There is an urgent need for policy-makers to enable better data collection on severe asthma on a systematic and consistent basis to drive performance assessment.
To do this, policy-makers must:

Build strong technical infrastructure to collect meaningful data and information on treatment and care

Design a system with **effective communication and management** to prompt the regular collection of data

Identify and measure appropriate metrics and targets for disease-specific indicators

Redefine the key goals of severe asthma management and care to prompt referral to specialist care and **minimise adverse effects of treatments**

Perform regular and systematic assessments of asthma management, and care delivery to improve outcomes for people living with severe asthma

Involve people living with severe asthma, physicians and other stakeholders in the assessment of care delivery to ensure requirements and experiences are reflected

Without **tangible and joined up national action underpinned by global collaborative efforts and political will to drive change** and review performance on a wider scale, improvements in patient outcomes will be limited.

For further information about the severe asthma audit, read the full publications here.

References

[1] Menzies-Gow, Andrew, G-Walter Canonica, Tonya A. Winders, Jaime Correia de Sousa, John W. Upham, and Antje-Henriette Fink-Wagner. "A charter to improve patient care in severe asthma." Advances in Therapy 35, no. 10 (2018): 1485-1496

[2] Kamphuis, Bregtje, Olina Efthymiadou, Panos Kanavos, and Victoria Tzouma. The London School of Economics and Political Science: Severe asthma care and treatment Indicators and data for performance management across ten countries. (2021): 1-51.

[3] Pavord, I, et al (2017) 'After asthma: redefining airways diseases', The Lancet, 391(10118), pp. P350-400.

[4] Haughney, John, Tonya A. Winders, Steve Holmes, Pascal Chanez, Hannah Saul, and Andrew Menzies-Gow. "Global Quality Standard for Identification and Management of Severe Asthma." Advances in Therapy 37, no. 9 (2020): 3645-3659.

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