Quality Standard Position Statements for Health System Policy Changes in Diagnosis and Management of COPD: A Global Perspective

Mohit Bhutani, David Price, Tonya Winders, Heinrich Worth, Kevin Gruffydd-Jones, Ruth Tal-Singer, Jaime Correia-de-Sousa, Mark T. Dransfield, Rudi Peché, Daiana Stolz, John R. Hurst

Why are quality standards in COPD needed?

Despite being one of the leading causes of death globally, chronic obstructive pulmonary disease (COPD) is underdiagnosed and underprioritized within healthcare systems

At present, COPD quality standards rarely exist at provincial and national levels; moreover, quality standards encompassing the entire care pathway in COPD are lacking

The five adopted Global Quality Position Statements emphasize the core elements of COPD care

Core element(s)	Quality standard statement	Quality indicators
Diagnostics	Individuals at risk and healthcare practitioners should recognize risk factors and early symptoms of COPD. Clinicians should have access to and select the most appropriate tools with which they can make an informed, timely, and accurate diagnosis.	(1) Proportion of individuals who present with respiratory symptoms and/or exposures to risk factors who are suspected of having or considered to be at risk of COPD. (2) Proportion of individuals who have undergone timely and accurate spirometry to confirm or exclude a diagnosis of COPD following clinical suspicion or considered at risk of COPD. (3) Proportion of patients classified with COPD with documented evidence of quality-assured spirometry. (4) Time from first symptom presentation to spirometry-confirmed diagnosis
Adequate patient and caregiver education	Patients should be educated on the risk factors for COPD, symptom manifestations, exacerbations, and the importance of active engagement in their self-management plan. Caregivers also should be included in educational initiatives to improve clinical outcomes.	(1) Proportion of patients with confirmed COPD who have evidence of receiving education on risk factors, identification of symptoms, and overall disease management. (2) Proportion of patients with a confirmed diagnosis of COPD who have evidence of a self-management plan, including an action plan.
Access to medical and nonmedical treatments aligned with the latest evidence-based recommendations and appropriate management by a respiratory specialist when required	Patients should have access to evidence-based, personalized treatments and receive appropriate management of their disease by a respiratory specialist when required.	(1) Proportion of patients who have consulted a respiratory specialist or practitioner with expertise in respiratory medicine (including those in primary care) in accordance with local or national guidelines. (2) Time from clinical suspicion of COPD to a spirometry-confirmed diagnosis of COPD. (3) Time from confirmation of a COPD diagnosis to review by a specialist (as defined above) as soon as the need for referral to specialist care is established in accordance with local or national guidelines. (4) Proportion of patients with COPD whose care conforms to the latest evidence-based, treatment recommendations, including access to smoking cessation programs, vaccinations, pulmonary rehabilitation, and inhaled or oral pharmacotherapy.
Appropriate post-exacerbation management	Patients should undergo timely review of their management plan following recovery from an acute COPD exacerbation to prevent or mitigate recurrent exacerbations and/or disease progression.	(1) Proportion of patients receiving a review within 2 weeks of onset of treatment of a non-hospitalized exacerbation or 2 weeks following hospital discharge, and overall time from onset of an exacerbation to a post-exacerbation review. (2) Proportion of patients referred for pulmonary rehabilitation after an exacerbation.
Regular patient and caregiver follow-up for care plan reviews	All patients with COPD should be evaluated annually regardless of their exacerbation history, and more frequently with the occurrence of exacerbations, to ensure the appropriateness and adequacy of their tailored care plan.	1) Proportion of patients with a confirmed diagnosis of COPD who receive a review at least annually.

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Conclusions

These practical quality standard position statements address global unmet needs in the treatment of COPD

We call for these global quality standards to be implemented by policymakers and healthcare practitioners at both local and national levels, with necessary and appropriate adaptations taking into consideration healthcare priorities, organizational structures, and the delivery capabilities of individual healthcare systems

We hope that these quality standards will improve the overall quality and consistency of COPD care worldwide