

# IMPROVING CARE QUALITY FOR PEOPLE LIVING WITH SEVERE ASTHMA

## INTRODUCING THE GLOBAL QUALITY STANDARD

These quality standards have been developed by PRECISION, a multi-disciplinary, global programme to ensure patients with severe asthma routinely receive the right care at the right time, in the most appropriate setting.

Severe asthma is a life-threatening disease which has profound effect on patients, healthcare systems and society. It can lead to regular emergency room visits and repeat hospital admissions. Patients also face potentially debilitating side effects from long-term exposure to oral corticosteroids.<sup>1,2</sup> As well as having a serious impact on the quality of life for those living with the condition, it is also associated with substantial morbidity and mortality.<sup>1,3</sup>

Whilst only around 10% of the asthma population have severe asthma,<sup>4</sup> the distinct condition is thought to drive a significant percentage of asthma care costs, estimated to be as much as 50% of total asthma-related costs in some countries.<sup>5</sup> Treatments for severe asthma are available however access to appropriate care varies significantly around the world and the treatments are not always deployed when available.

It is vital that clinicians, patients and policymakers work together to ensure that all people with severe asthma are treated at the right time, in the right place and with the right treatment for them, wherever they are in the world – **the time to act is now.**



### PATIENT CHARTER<sup>2</sup> 2018

Global consensus on six core principles to deliver meaningful improvements in severe asthma patients care



### GLOBAL QUALITY STANDARD<sup>6</sup> 2020

Proposed policy reforms to improve the quality of care for patients with severe asthma



### LONDON SCHOOL OF ECONOMICS AUDIT REPORT COMING SOON

Detailed evidence dossier highlighting care quality and measurement gaps

## WHAT IS THE GLOBAL QUALITY STANDARD?



A taskforce of leading global asthma experts have developed global standards to support improved access to and delivery of high quality care for people living with severe asthma.

The Quality Standard is a global consensus on the key changes that policymakers, healthcare providers, patient advocacy groups and other key stakeholders must implement to improve patient care and reduce the overall burden of severe asthma.

# WHAT CHANGES DOES THE QUALITY STANDARD CALL FOR?<sup>6</sup>

IT HAS BEEN DEVELOPED TO ALIGN TO 4 KEY ELEMENTS:



## IMPROVED SYSTEM FUNCTIONING AND COMMUNICATIONS MEASURES

Including through using referral networks, improving data collection and tracking and the implementation and utilisation of MDT-based\* assessment standards



## RAPID REFERRAL MEASURES

Including through ensuring suspected asthma triggers referral, disseminating SA identification tools and appointing local clinical champions



## PATIENT CENTRIC CARE MEASURES

Including improving patient education and information to support active involvement in decision-making, establishing a standard for periodic review, implementing dedicated asthma action plans and allowing self-ownership of patient records



## ASSESSMENT AND MANAGEMENT

Including the assessment for phenotype-based treatment, relegating the use of maintenance OCS and implementing OCS sparing strategies for those already on it

\*multi-disciplinary team

## HOW DO WE REALISE CHANGE?

As the world adjusts to a new paradigm, and with the long-term impacts of the COVID-19 pandemic still unclear, there has perhaps never been a more important time to ensure that people living with severe asthma receive the best care possible in order to keep them well and out of hospital, where possible.

To do this will take the combined action of policymakers, clinical leaders, clinicians, patient advocates and industry. The PRECISION group is committed to bringing these stakeholders together to ensure patients with severe asthma routinely receive the right care at the right time, in the most appropriate setting.

**The time to act is now.  
Read the full publication.**

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## REFERENCES

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