Australia Opportunity Analysis: Comparing Australian Clinical Practice to CONQUEST Quality Standards (2015-2019)

- ❖ An observational, longitudinal, descriptive study for the CONQUEST programme
- ❖ Focused on a population of high-risk patients with diagnosed or potential COPD.
- ❖ Analysis sample was identified in 2019 and in each previous year back to 2015.
- ❖ Routinely collected primary care data was assessed over the relevant time frame for each outcome; the 12 months before or after 1 January of each study year.
- ❖ 2019 was chosen as the key year for the data as it provides the most up-to-date information prior to the COVID-19 pandemic.

CONQUEST

Collaboration On Quality Improvement Initiative for Achieving Excellence in Standards of COPD Care.

Patterns of care in the management of high-risk COPD in Australia (2015-2019): an observational study for the CONQUEST quality improvement program.

Christine Jenkins, Andrew P Dickens, Alexander Evans, Porsche Le Cheng, Florian Heraud, Kerry Hancock, Anita Sharma, Belinda Cochrane, Alexander Roussos, Chantal Le Lievre, John Blakey, Sinthia Bosnic-Anticevich, Victoria Carter, Angelina Catanzariti, Clare Ghisla, Mark Hew, Brian Ko, Thao Le, Paul Leong, Vanessa M McDonald, Chi Ming Lau, Jennifer L Perret, Rachel Pullen, Kanchanamala Ranasinghe, Joan B Soriano, Deb Stewart, Marije van Melle, Russell Wiseman, and David Price

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Aims & Methods
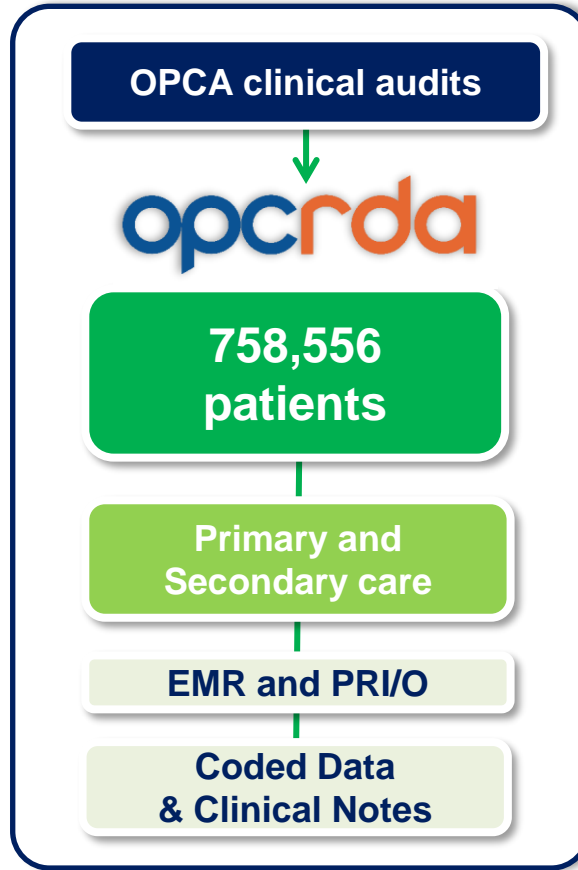
Aims of the Australian Opportunity Analysis

To comprehensively review management opportunities for high-risk COPD patients in Australia, with reference to national and international guidelines, and also the CONQUEST quality standards[1]

Identification of **high-risk** COPD patients

Assessment of disease and **quantification** of future risk

Appropriate follow up

Non-pharmacological & pharmacological **intervention**

Quality Standard 1

Quality Standard 2

Quality Standard 3

Quality Standard 4

CONQUEST Quality Standards

1. Pullen et al. CONQUEST Quality Standards: For the Collaboration on Quality Improvement Initiative for Achieving Excellence in Standards of COPD Care. Int J Chron Obstruct Pulmon Dis. 2021 Aug 12;16:2301-2322. doi: 10.2147/COPD.S313498
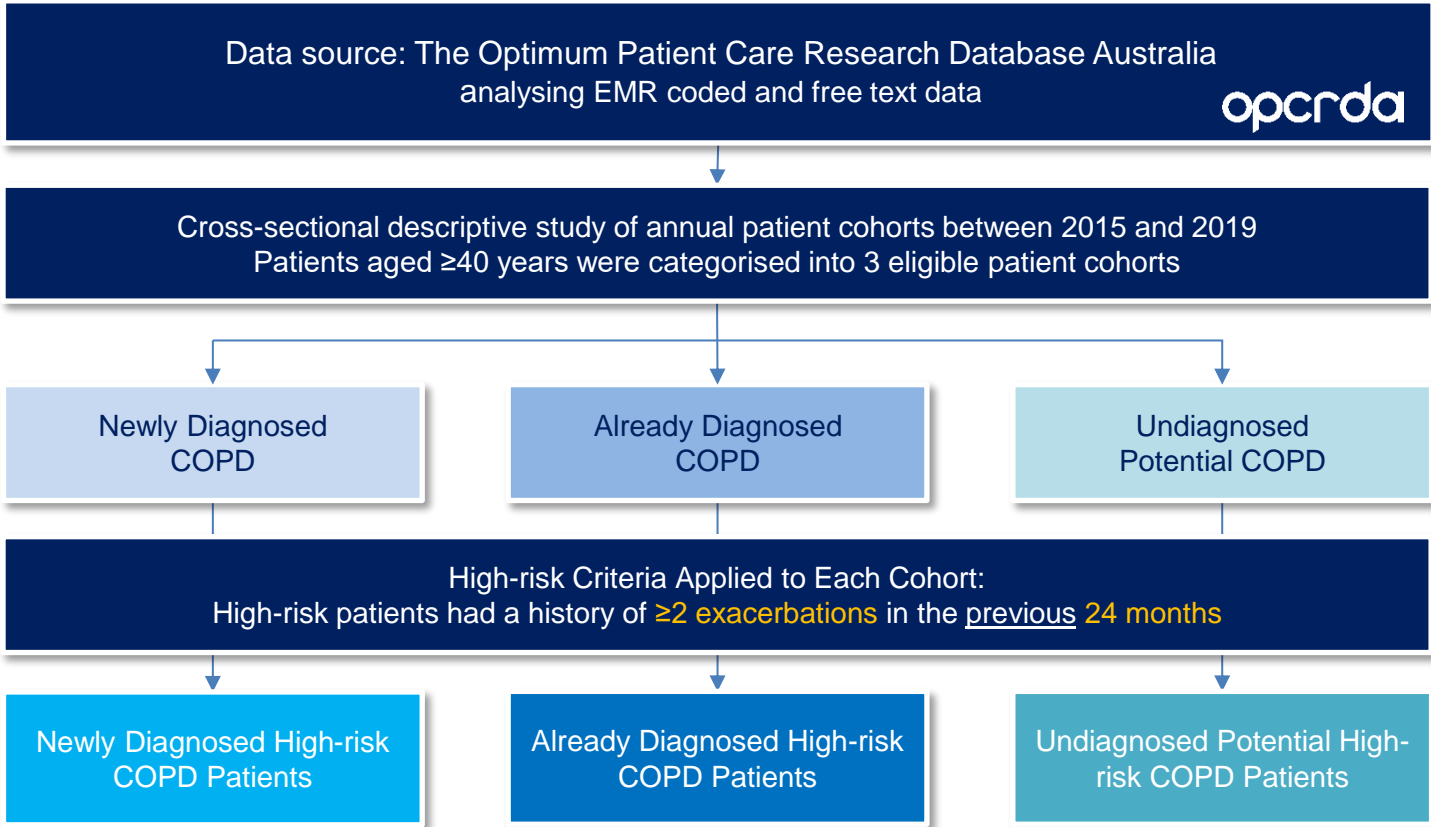
Australia Opportunity Analysis: Data Source & Study Populations

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Data source: The Optimum Patient Care Research Database Australia
analysing EMR coded and free text data

opcrda

Cross-sectional descriptive study of annual patient cohorts between 2015 and 2019
Patients aged ≥40 years were categorised into 3 eligible patient cohorts

| Newly Diagnosed COPD | Already Diagnosed COPD | Undiagnosed Potential COPD |

High-risk Criteria Applied to Each Cohort:
High-risk patients had a history of ≥2 exacerbations in the previous 24 months

| Newly Diagnosed High-risk COPD Patients | Already Diagnosed High-risk COPD Patients | Undiagnosed Potential High-risk COPD Patients |

Key Australian Results & Take Away Messages

In 2019, of the eligible patients identified

➤ 6.2% (1,045/16,816) potential undiagnosed COPD patients
➤ 35.2% (87/247) newly diagnosed COPD patients
➤ 24.9% (1,476/5,922) already diagnosed COPD patients

were **categorised as high-risk***

Opportunities to reduce this high-risk status across all cohorts within the study periods include:

1 Greater use of spirometry assessment, particularly newly diagnosed patients

3 Improved guideline and evidence-based inhaled therapy prescribing

2 Increased assessment of cardiovascular risk status

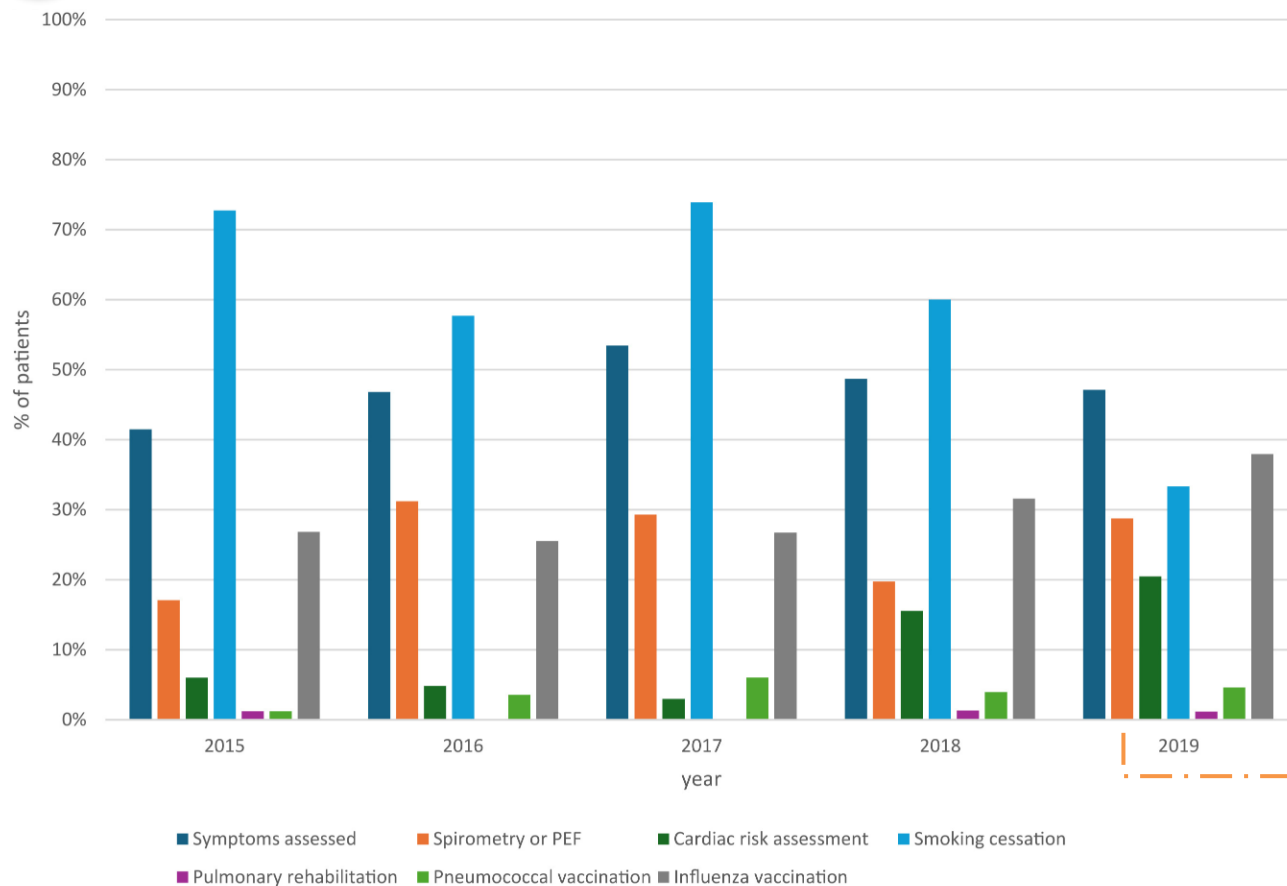**4** Increase provision of regular COPD clinical reviews and non-pharmacological interventions

*High-risk patients had a history of ≥2 exacerbations (or COPD-like exacerbations if undiagnosed) in the previous 24 months

Jenkins et al. Lancet Regional Health – Western Pacific 2025;58: 101555 https://doi.org/10.1016/j.lanwpc.2025.101555

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Substantial opportunity for greater performance and recording of spirometry assessment in patients with newly diagnosed COPD
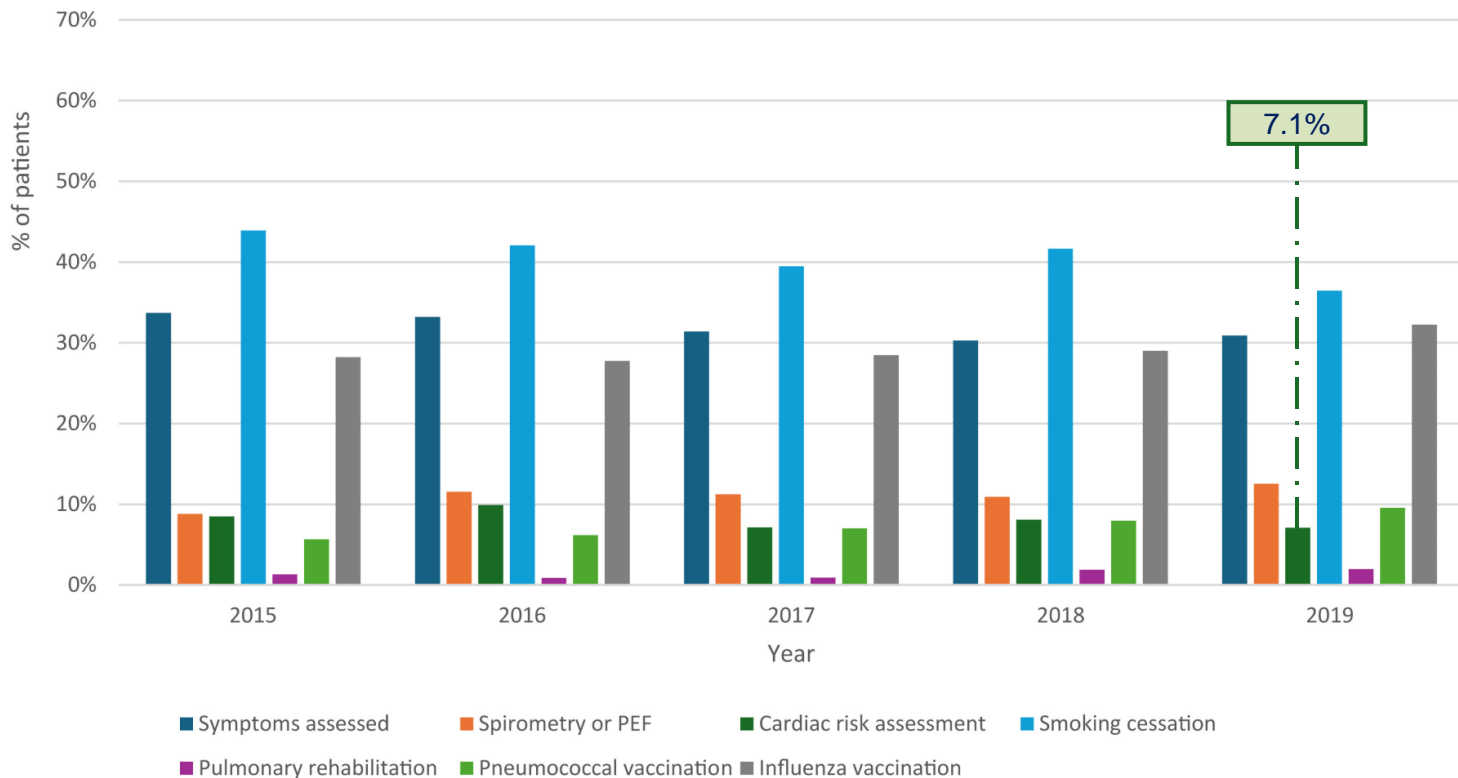
In 2019,

71.3% of newly diagnosed high-risk COPD patients had **no record of spirometry** or peak flow in the 12 months pre- or post-diagnosis
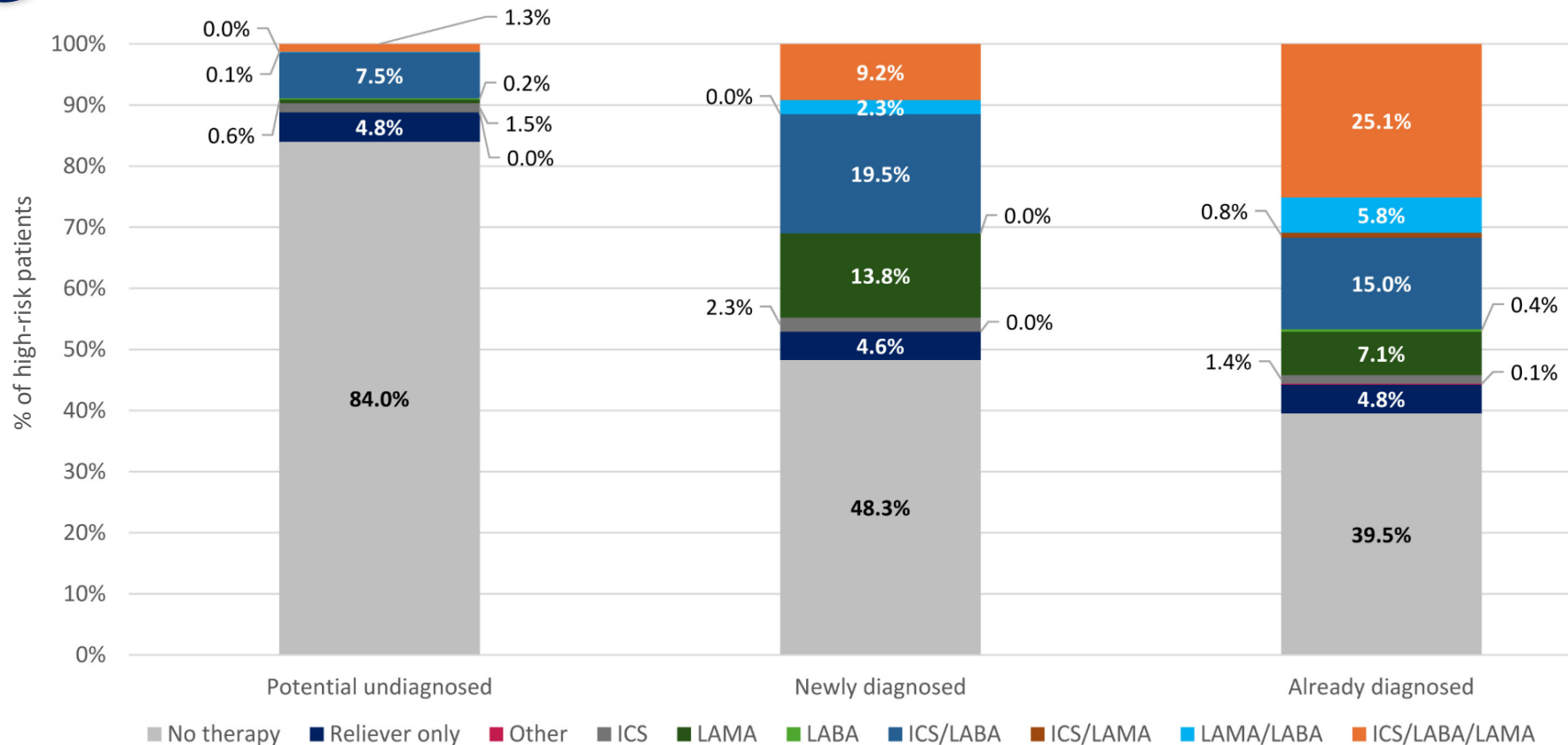
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Legend:
- Symptoms assessed
- Spirometry or PEF
- Cardiac risk assessment
- Smoking cessation
- Pulmonary rehabilitation
- Pneumococcal vaccination
- Influenza vaccination

Key trends in assessment and interventions for Newly diagnosed COPD patients meeting high-risk criteria. Jenkins et al. *Lancet Regional Health – Western Pacific* 2025;58: 101555

In 2019, 92.9% of patients <u>without</u> an existing cardiac diagnosis had no cardiac risk assessment recorded in the 12 months either side of 1st Jan 2019
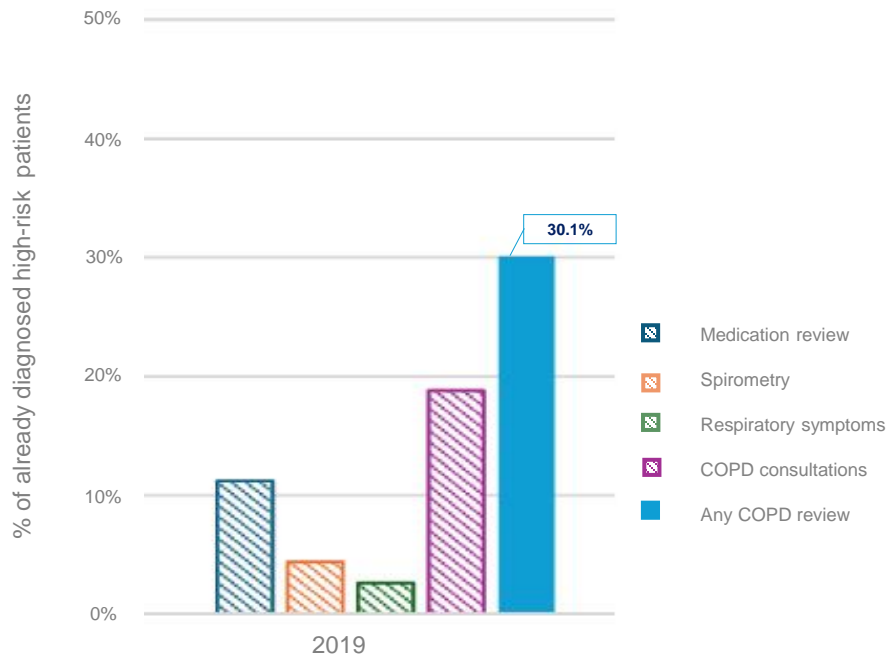

Key trends in assessment and interventions for already diagnosed COPD patients meeting high-risk criteria. Jenkins et al. Lancet Regional Health – Western Pacific 2025;58: 101555
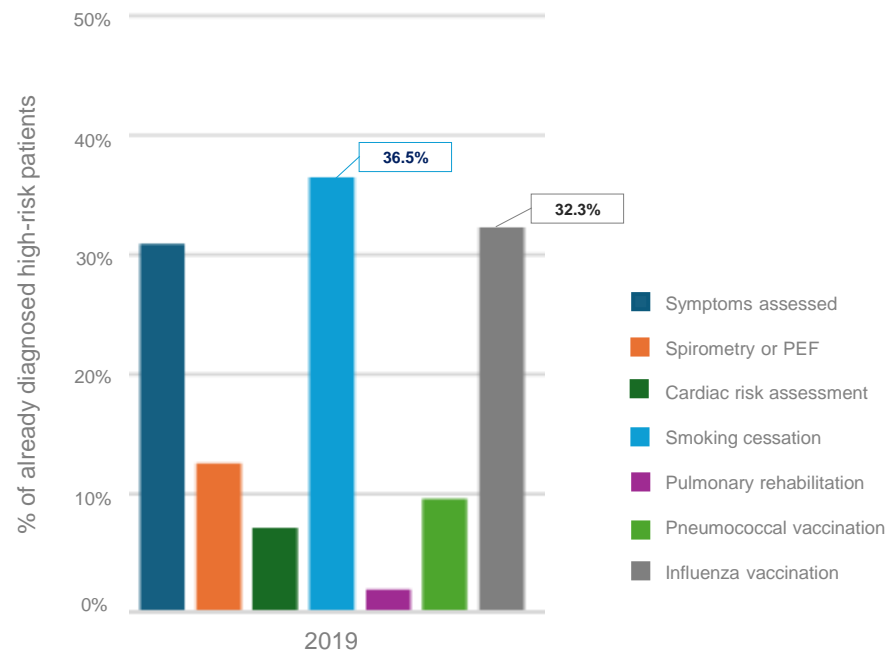
39.5% of already diagnosed and 48.3% of newly diagnosed high-risk patients had no evidence of prescribed inhaled therapy (2019)

'Other' refers to Theophylline and Leukotriene Receptor Antagonist Monotherapies. Jenkins et al. Lancet Regional Health – Western Pacific 2025;58: 101555.

Left chart: % of already diagnosed high-risk patients (2019)

Legend:
- Medication review
- Spirometry
- Respiratory symptoms
- COPD consultations
- Any COPD review — **30.1%**

➤ **Less than one third** (30.1%) of diagnosed patients had record of a **COPD review***

➤ The opportunity for greater COPD review was consistent across the study period.

Right chart: % of already diagnosed high-risk patients (2019)

Legend:
- Symptoms assessed
- Spirometry or PEF
- Cardiac risk assessment
- Smoking cessation — **36.5%**
- Pulmonary rehabilitation
- Pneumococcal vaccination
- Influenza vaccination — **32.3%**

➤ Almost **two thirds** (63.5%) of active smokers had **no recorded smoking cessation support***

➤ Over **two thirds** (67.7%) of COPD patients had **no record** of **influenza vaccination***

*within the 12 months either side of 1st January 2019. Jenkins et al. *Lancet Regional Health – Western Pacific.* 2025;58: 101555

Conclusions from Australian Data

Conclusions

❖ Considerable opportunities to improve the identification and management of patients with COPD exist in the Australian primary care setting

❖ Responding to these opportunities would align clinical care with national and international guidance, in terms of the diagnosis, assessment, treatment and long-term follow-up of patients at high-risk of future COPD exacerbations

❖ If applied in practice CONQUEST quality standards have the potential to improve long-term outcomes for those at greatest cardiopulmonary risk, even if not already diagnosed with COPD

For More Information on the Findings of the Australian Opportunity Analysis Manuscript

➤ View the full article here: https://doi.org/10.1016/j.lanwpc.2025.101555