

Identifying opportunities for earlier diagnosis of high-risk COPD in Australia

David Price¹⁻³, Andrew P Dickens¹, Christine Jenkins⁴, Alexander Evans¹, Kerry Hancock⁵, Anita Sharma⁶, Belinda Cochrane^{7,8}, Paul Leong^{9,10}, Brian Ko¹¹, Florian Heraud¹², Porsche Le Cheng¹, Alexander Roussos¹, Sinthia Bosnic-Anticevich^{13,14}, Fabio Botini¹, Victoria Carter¹, Angelina Catanzariti¹⁵, Clare Ghisla¹⁵, Thao Le¹⁶, Chantal Le Lievre¹, Ruth Murray¹, Kanchanamala Ranasinghe^{17,18}, Deb Stewart¹⁹, Marije van Melle²⁰, Rebecca Vella¹, and Russell Wiseman²¹

¹Optimum Patient Care Australia, Australia,

²Centre of Academic Primary Care, Division of Applied Health Sciences, University of Aberdeen, Aberdeen United Kingdom

³Observational and Pragmatic Research Institute, Singapore,

⁴Professor Respiratory Medicine, UNSW, Sydney, Head Respiratory Group, George Institute, Australia,

⁵Chandlers Hill Surgery, Happy Valley SA 5159, Australia,

⁶Platinum Medical Centre, Chermside QLD 4032, Australia,

⁷Senior Staff Specialist, Department of Respiratory and Sleep Medicine, Campbelltown Hospital (SWSLHD), Australia,

⁸A/prof, School of Medicine, Western Sydney University, NSW Australia,

⁹Monash Health, Clayton, Victoria, Australia,

¹⁰School of Clinical Sciences at Monash Health, Monash University, Clayton, Victoria, Australia,

¹¹Monash Heart, Monash Cardiovascular Research Centre and Monash University, Monash Health, Clayton, Victoria, Australia,

¹²Queensland Health, Brisbane, QLD, Australia

¹³Macquarie Medical School, Faculty of Medicine, Health and Human Sciences, Macquarie University, NSW, Australia,

¹⁴Woolcock Institute of Medical Research, Glebe, NSW Australia,

¹⁵AstraZeneca Pty Ltd, Medical Affairs Biopharmaceuticals Unit,

¹⁶Director, Medical Education, and Events Management Pte Ltd Singapore,

¹⁷School of Medicine, Griffith University, Gold Coast, Australia,

¹⁸Cannon Hill Family Doctors, Cannon Hill, QLD Australia,

¹⁹School of Medicine, University of Tasmania, Churchill Ave, Hobart, TAS, 7005, Australia

²⁰Connecting Medical Dots BV, Utrecht, the Netherlands,

²¹Suncoast Medical Centre, Coolum Beach, QLD Australia,

Background: Delayed COPD diagnosis and unrecognised exacerbations before diagnosis are associated with future exacerbations. UK and US studies conducted within the CONQUEST program identified substantial opportunities for earlier recognition of COPD in those with potential high-risk COPD. It is unknown if similar opportunities exist within other healthcare systems, such as in Australia. **Aim:** To compare identification and assessment of potentially high-risk COPD patients in Australia, to the CONQUEST quality standards (identification, assessment, treatment and follow-up for high-risk COPD) (<https://conquest.care>), and national/international guidelines. **Methods:** Using the Optimum Patient Care Research Database Australia (OPCRDA), we identified patients with potential COPD (ever smokers aged ≥ 40) at high-risk of future exacerbations (≥ 2 antibiotic/steroid prescriptions in the prior 12 months). Cross-sectional analyses were conducted on annual patient cohorts between 2015-2019. **Results:** Of ever smokers aged ≥ 40 years, 6.2% (1045/16816) to 8.3% (834/9998) of patients were deemed high-risk in 2015-2019. In the annual period when patients first became high-risk, $<5\%$ of potential high-risk COPD patients had recorded lung function, $<1\%$ had a respiratory referral and $<50\%$ had an updated smoking status recorded. 11-13% of this population were prescribed maintenance inhaled COPD therapy in each study year without a recorded respiratory diagnosis. Around 1% of undiagnosed high-risk patients received a COPD diagnosis in each study year. **Conclusions:** There is scope for earlier diagnosis of COPD among patients at high risk of exacerbation in line with guidelines and CONQUEST quality standards.

Key Words: COPD, Primary Care, High-risk COPD

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