Five years of COPD primary care: Patterns of management of high-risk COPD and opportunities for optimising care in Australia 2015-2019 (COPD Opportunity Analysis in Australia)

First published: 24/10/2022 Last updated: 21/02/2024



Administrative details

EU PAS number

EUPAS49365

Study ID

49527

DARWIN EU® study

No

Study countries

Australia

Study description

The main aim for this "Opportunity Analysis" is to assess the management of patients with high-risk COPD over 5 years in Australian primary care and describe opportunities for treatment optimisation in line with the CONQUEST Quality Standards, over this period. The objectives per quality standards are: 1. Assess whether undiagnosed patients who potentially have high-risk COPD are actively and promptly identified in Australian primary care. 2. Assess whether high-risk patients with newly diagnosed COPD receive a proper assessment and quantification of future risk of exacerbations and cardiac events within 12 months of diagnosis. 3. Assess whether pharmaceutical and nonpharmacological therapy is provided to patients with high-risk COPD within 12 months of meeting criteria for high-risk COPD. 4. Assess whether high-risk patients diagnosed with COPD are followed up appropriately over a 12m period following baseline assessment

Study status

Ongoing

Research institutions and networks

Institutions

Optimum Patient Care Australia

Australia

First published: 01/02/2024

Last updated: 01/02/2024



Contact details

Study institution contact

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Primary lead investigator

Study timelines

Date when funding contract was signed

Actual: 29/06/2022

Study start date Actual: 01/08/2022

Date of final study report Planned: 31/12/2023

Sources of funding

- Other
- Pharmaceutical company and other private sector

More details on funding

AstraZeneca, Optimum Patient Care Australia

Regulatory

Was the study required by a regulatory body?

No

Is the study required by a Risk Management Plan (RMP)?

Not applicable

Methodological aspects

Study type

Study type list

Study type: Non-interventional study

Scope of the study:

Disease epidemiology

Main study objective:

To describe real-world Australian primary care practice in COPD care over the period 2015-2019 in the light of the CONQUEST Quality Standards (QS), in patient populations with high-risk COPD which is either diagnosed or undiagnosed.

Study Design

Non-interventional study design

Cohort

Study drug and medical condition

Medical condition to be studied

Chronic obstructive pulmonary disease

Population studied

Age groups

Adults (18 to < 46 years) Adults (46 to < 65 years) Adults (65 to < 75 years) Adults (75 to < 85 years) Adults (85 years and over)

Estimated number of subjects

36000

Study design details

Outcomes

Assessment of: active identification of undiagnosed patients with potential highrisk COPD, disease & quantification of future risk in newly diagnosed patients, appropriate pharmacological and non-pharmacological therapy provision in newly-diagnosed patients and already-diagnosed patients, whether high-risk COPD patients are followed up appropriately over a 12m period after index date.

Data analysis plan

Descriptive analyses will be performed on the characteristics of high-risk patients and of primary care medical management of COPD in each patient group (undiagnosed, newly-diagnosed, already diagnosed). All summary statistics will be presented as percentages with counts (categorical variables) and mean/medians with standard deviation/interquartile ranges for normally and non-normally distributed continuous variables respectively. The yearly trends in Australian practice in COPD care will be described (2015-2019) in tables, and graphs to show the trends for key outcomes longitudinally over the 5-year assessment period.

Data management

Data sources

Data source(s)

Optimum Patient Care Research Database Australia (OPCRDA)

Data sources (types)

Electronic healthcare records (EHR)

Use of a Common Data Model (CDM)

CDM mapping

No

Data quality specifications

Check conformance

Unknown

Check completeness

Unknown

Check stability

Unknown

Check logical consistency

Unknown

Data characterisation

Data characterisation conducted

No