



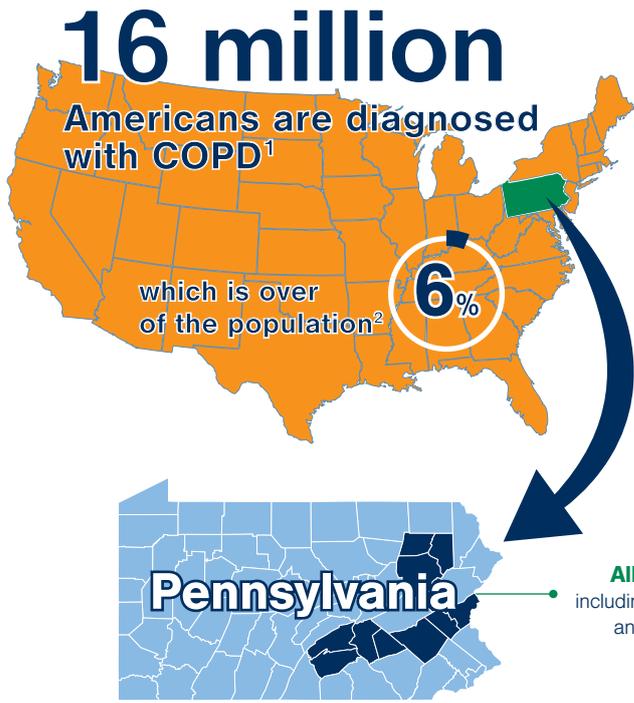
Employers for Healthcare Value Since 1980

Lehigh Valley Business Coalition on Healthcare

COPD Report 2018



BACKGROUND



COPD kills more than
150,000
Americans each year



one death every
4 minutes³



COPD 

is a major cause of disability

Compared to adults without COPD, adults with COPD are more likely to be unable to work¹



Allentown
including Bethlehem and Easton

Harrisburg
including Lebanon and Carlisle

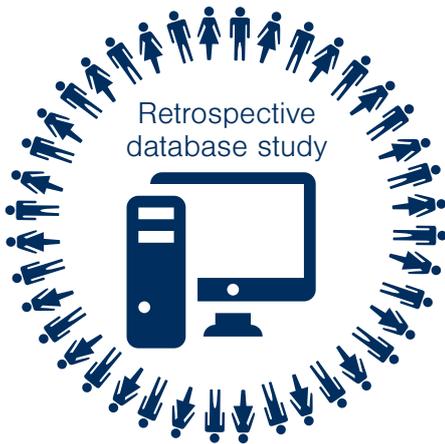
Reading

Scranton
including Wilkes-Barre and Hazleton

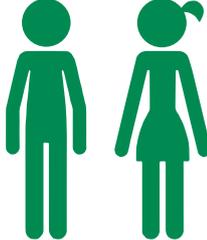
The goal of this report is to benchmark Lehigh Valley Business Coalition on Healthcare (LVBCH)-level and Pennsylvania (PA) state-level data with national-level data and help providers and employers in the PA region understand how COPD patients are managed compared to the national COPD population; providing information that may help decision-makers better serve the needs of their patients.

METHODS

IQVIA's Real-World Data Adjudicated Claims – US™ (2012-2015) formerly known as PharMetrics Plus™



Population studied


patients ≥18 years of age and diagnosed with COPD

Mostly commercially insured patients



not much representation of Medicare or Medicaid COPD patients

We measured patients' exacerbations, healthcare resource utilization and associated costs over a one-year period


Medication use


Exacerbations

Hospitalizations

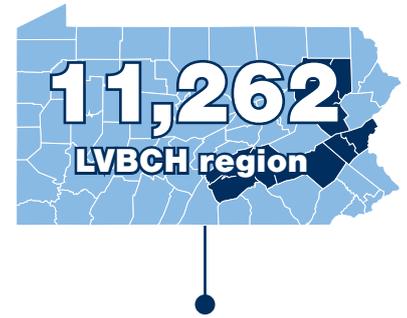
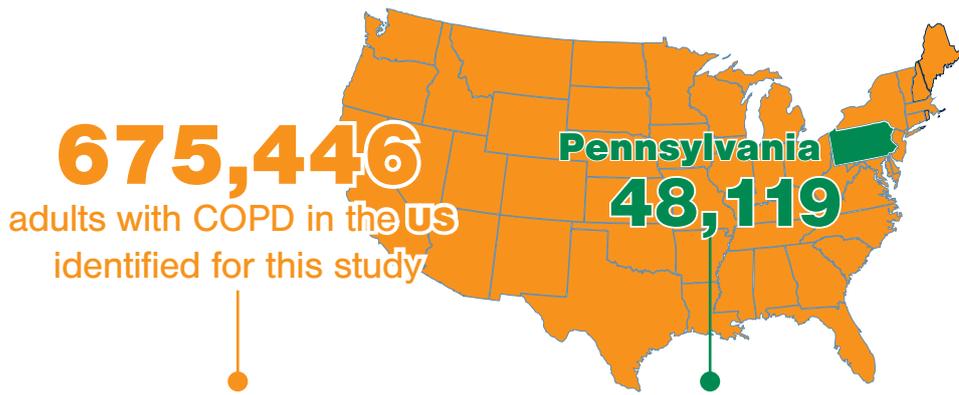


Healthcare utilization

ER visits



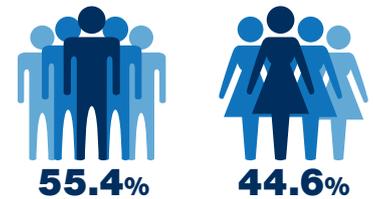
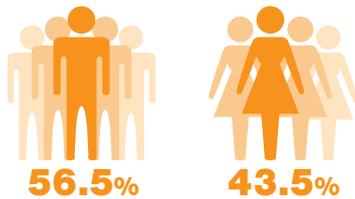
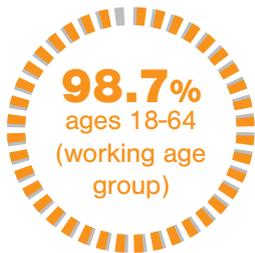
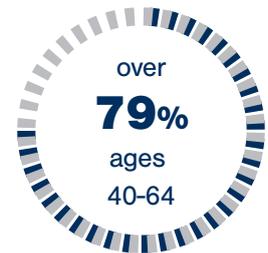
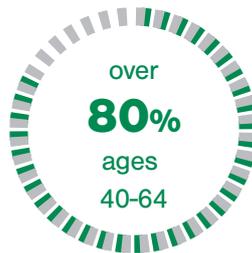
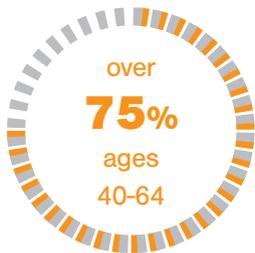
RESULTS – PATIENT POPULATION



Mean age 48.6

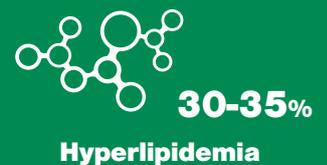
Mean age 49.5

Mean age 49.2



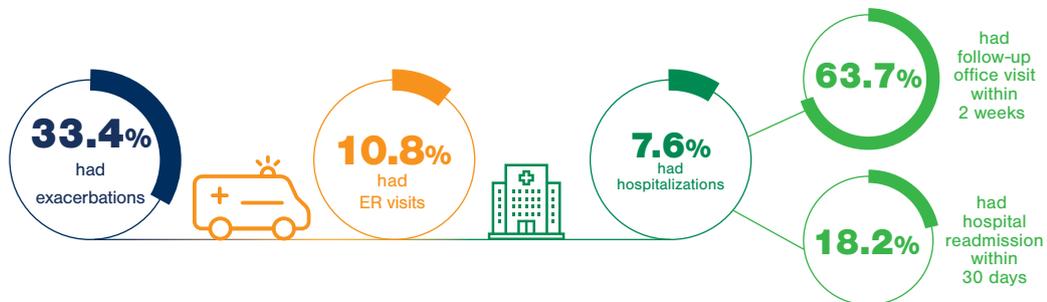
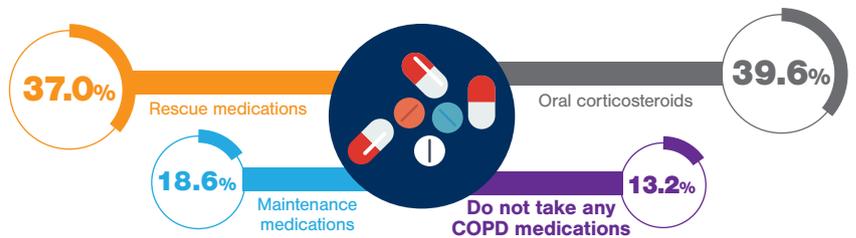
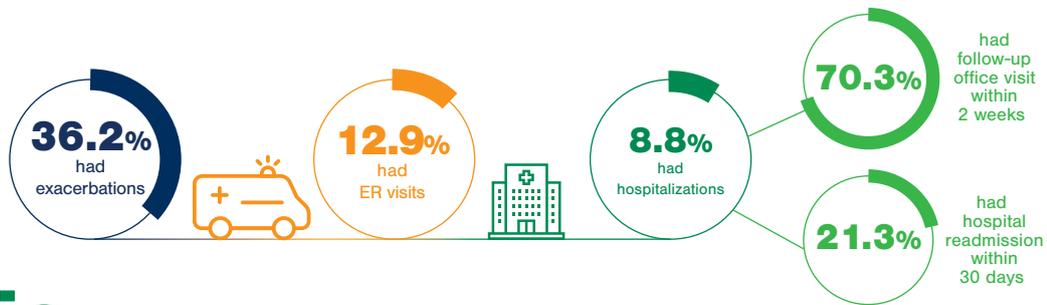
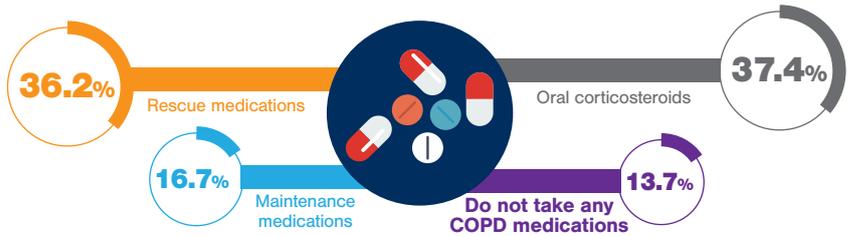
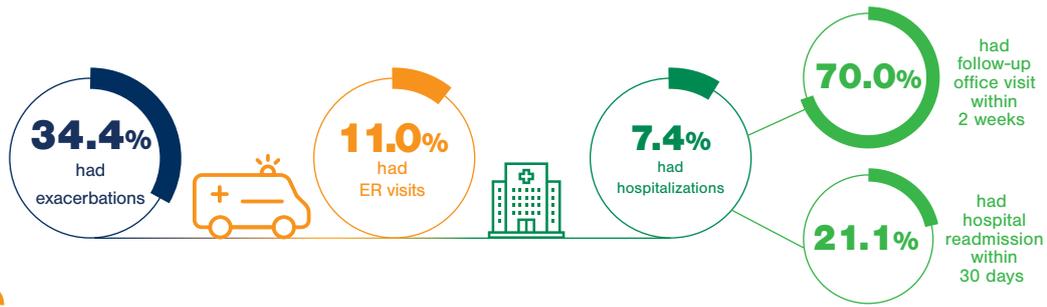
About 50% of patients were diagnosed by PCPs in all three regions

COPD patients in all three regions were complex with a variety of health conditions



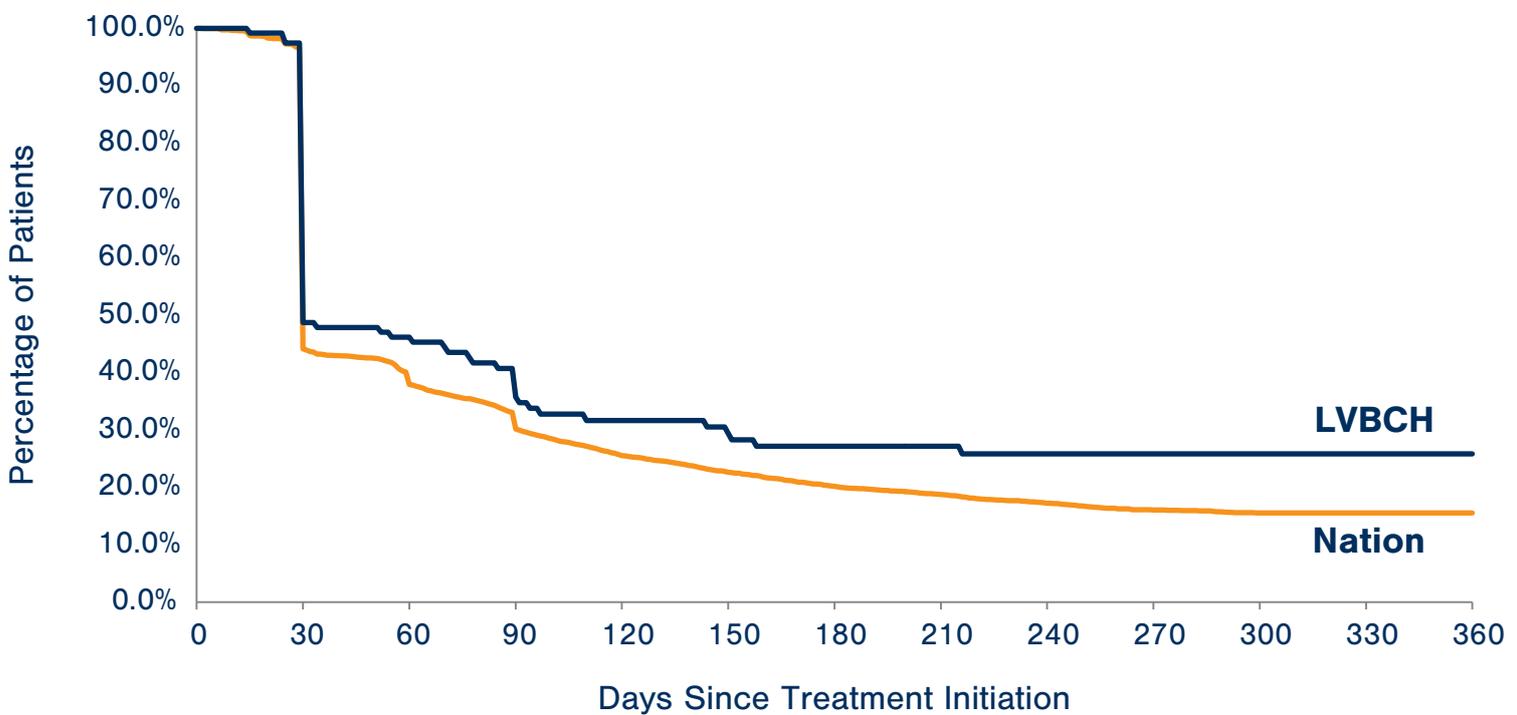
RESULTS – HEALTHCARE RESOURCE UTILIZATION

Among all COPD patients, over a one-year period...



About 50% of COPD patients that are newly prescribed maintenance medications discontinue their medication after the first month. However, it appears that if a patient does continue taking their medication beyond the first month, they are likely to continue doing so consistently over time.

**PERSISTENCY OF COPD MAINTENANCE MEDICATIONS
AMONG NEWLY TREATED PATIENTS**



The high amount of healthcare resource utilization by COPD patients is very costly to the healthcare system each year.

The average cost of COPD-related healthcare resource utilization each year by resource category is

US

Hospitalizations \$1,674,905,918	ER visits \$145,724,071	Doctor's office visits \$107,730,655
Medications \$264,928,467	Imaging tests \$96,328,084	Pulmonary Function Test \$15,450,836
	Arterial blood gas analysis/oximetry \$1,140,973	



The mean annual COPD-related costs among patients with ≥1 exacerbation is **\$1,911,832,608**

\$8,222 per patient

PA

Hospitalizations \$121,835,264	ER visits \$15,973,931	Doctor's office visits \$7,012,858
Medications \$20,955,061	Imaging tests \$7,413,297	Pulmonary Function Test \$1,288,421
	Arterial blood gas analysis/oximetry \$55,908	



The mean annual COPD-related costs among patients with ≥1 exacerbation is **\$143,834,022**

\$8,253 per patient

LVBCH

Hospitalizations \$28,685,675	ER visits \$3,138,136	Doctor's office visits \$1,683,346
Medications \$4,617,182	Imaging tests \$2,196,128	Pulmonary Function Test \$337,680
	Arterial blood gas analysis/oximetry \$11,579	



The mean annual COPD-related costs among patients with ≥1 exacerbation is **\$32,758,109**

\$8,705 per patient

1. Wheaton AG, Cunningham, TJ, Ford ES, Croft JB. Employment and activity limitations among adults with chronic obstructive pulmonary disease—United States, 2013. MMWR. 2015;64 (11):290-295.

2. Centers for Disease Control and Prevention. Chronic Obstructive Pulmonary Disease among adults – United States, 2011. MMWR. 2012; 61 (46):938-943.

3. What is COPD? National Heart, Lung and Blood Institute. U.S. Department of Health & Human Services. <https://www.nhlbi.nih.gov/health/educational/copd/what-is-copd/index.htm>. Accessed April 2018.

American Association for Respiratory Care (AARC)

Founded in 1947, the AARC is the non-for-profit professional association for respiratory care in the United States, working to encourage and promote professional excellence, advance the science and practice of respiratory care, and serve as an advocate for patients and their families, the public, the profession and the respiratory therapist. <http://www.aarc.org/>

American Lung Association

Founded in 1904, the American Lung Association is the nationwide organization working to improve lung health and prevent lung disease through research, education and advocacy. <http://www.lung.org/>

The COPD Foundation

Founded in 2004, the COPD Foundation is a not-for-profit organization with the mission to prevent and cure Chronic Obstructive Pulmonary Disease and to improve the lives of all people affected by COPD through research, education and advocacy. <https://www.copdfoundation.org/>

Global Initiative for Chronic Obstructive Lung Disease (GOLD)

Founded in 1997 in collaboration with the National Heart, Lung, and Blood Institute, National Institute of Health, USA, and the World Health Organization, the GOLD works with health care professionals and public health officials to raise awareness of COPD and to improve prevention and treatment of COPD for patients around the world. <http://goldcopd.org/>

National Institutes of Health (NIH)

Founded in 1887, as part of the U.S. Department of Health and Human Services, NIH is the nation's medical research agency with the mission to seek fundamental knowledge about the nature and behavior of living systems and the application of that knowledge to enhance health, lengthen life, and reduce illness and disability. <https://www.nih.gov/>