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CANADIAN  THORACIC SOCIETY



Chronic Obstructive Pulmonary Disease (COPD)

A National Report Card



Acknowledgements

Chronic Obstructive Pulmonary Disease (COPD): A National Report Card was directed by a task force established by the Canadian Lung Association with medical expertise from the Canadian Thoracic Society (CTS).

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The information in this report is for public use. Please reference the Canadian Lung Association, *Chronic Obstructive Pulmonary Disease (COPD): A National Report Card*, 2005. For more information, visit www.lung.ca.

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Survey Methodology

As part of this study, three different populations were surveyed. Between September 1, 2005 and October 7, 2005, telephone surveys were conducted among randomly selected, representative samples of 2,568 adult Canadians, aged 18 and over from among the general population, 252 physicians (including 29 respirologists), and 130 COPD patients, with representative samples from each province and territory.³

Scope of the Report Card

This *Report Card* looks at different aspects of COPD across the country to draw important conclusions about COPD care in Canada. While this is not peer-reviewed research, the Canadian Lung Association hopes the findings and calls to action will spur discussion and policy changes to better serve the needs of the Canadian COPD population.

1. Dr. Jean Bourbeau was the representative of the Canadian Thoracic Society acting, independent of industry, as a consultant for this Canadian Lung Association initiative. He did not receive an honorarium for his work. 2. CTS policy states: industry sponsors are excluded from participation in projects including data management, final data analysis and report development. 3. The associated margin of error for a sample of this size (n=2,568) is +/-1.9%, 19 times out of 20. The results have been statistically weighted according to the most current Statistics Canada Census data to ensure a representative sample.

EXECUTIVE SUMMARY

Chronic Obstructive Pulmonary Disease (COPD): A National Report Card is the largest and most in-depth research study ever completed on Chronic Obstructive Pulmonary Disease (COPD) in Canada. The impetus for this investigation can be found in three potentially inexorable forces that are placing increasing amounts of stress on the healthcare system.

- Canadian men and women are dying from COPD at a startling rate and the mortality rate is climbing.
- Of the leading causes of death, COPD is the only one with an increasing mortality. Hospitalization rates are also high and climbing.
- Despite this, awareness of the disease, its symptoms and its risk factors is very low compared to other leading causes of death, even among those most at risk.

The goal of the *Report Card* was to highlight the strengths and gaps in COPD prevention and management and to put the disease on the national and provincial healthcare agendas.

Research was conducted and ranked based on the following:

- COPD as a health issue and priority
- Public awareness and attitudes
- Physician awareness, attitudes and familiarity with CTS guidelines
- Access to and use of spirometry
- Physician prescribing habits and access to COPD medications
- Recommendation and use of non-medication interventions

Key Findings of the *Report Card*

The *Report Card* paints a picture of a disease with an alarming increase in mortality and shockingly low levels of awareness. It shows that many provinces and territories are not managing the disease according to widely accepted standards. It is a call to action for better COPD awareness and management across the country.

- The rankings of the provinces show a clear deficiency in the way COPD is being managed.
- The majority receive a grade of “D” or lower, with three provinces actually failing.
- Prevalence of COPD is significantly higher than previously thought.
- Fewer than half of all Canadians (45%) have ever heard of Chronic Obstructive Pulmonary Disease and just 17% have heard of COPD.
- Nationally, access to spirometry by physicians is high, but use is low and comfort interpreting the results even lower.
- There are pulmonary rehabilitation programs being offered across the country but access is severely limited.
- Provinces are not fully complying with the Canadian Thoracic Society COPD guidelines about medications.
- More than half of physicians (56%) said their provincial government is not making COPD a healthcare priority.
- Most provinces do not have formal COPD strategies.

Bottom line: COPD needs to be on the national and provincial health agendas.



NATIONAL OVERVIEW

COPD – What is it?

Chronic Obstructive Pulmonary Disease, or COPD, is a respiratory disorder that causes the airways of the lungs to be inflamed and become “obstructed” or blocked. The two major forms of the disease include chronic bronchitis and emphysema.

Chronic bronchitis is an inflammation of the airways in the lungs that leaves them irritated. Chronic bronchitis is characterized by extra mucus that blocks the airways, resulting in a person coughing, spitting or finding it difficult to draw a breath.

Emphysema damages and destroys lung tissue and large air pockets develop in the lungs where the air becomes trapped, causing a person to struggle to draw a breath.

The main symptoms experienced by patients with COPD are shortness of breath and activity limitation. Symptoms are usually insidious in onset, progressive and characterized by frequent flare-ups.

COPD is primarily caused by smoking, but some evidence suggests that exposure to occupational pollutants and outdoor air pollution may contribute to developing COPD. A small percentage of COPD patients have the disease due to a genetic deficiency.

COPD Prevalence

Currently, COPD is the fourth leading cause of death among Canadians, behind diseases of the heart, cancers and cerebrovascular disease (which includes stroke).⁴ Up until now, it has been estimated that there are approximately 714,000 diagnosed patients in Canada⁵, but studies have estimated that more than 50% of patients remain undiagnosed.⁶ The Canadian Thoracic Society's *Recommendations for Management of Chronic Obstructive Pulmonary Disease* (2003) indicated that COPD is a vastly under-reported and under-diagnosed disease.⁷

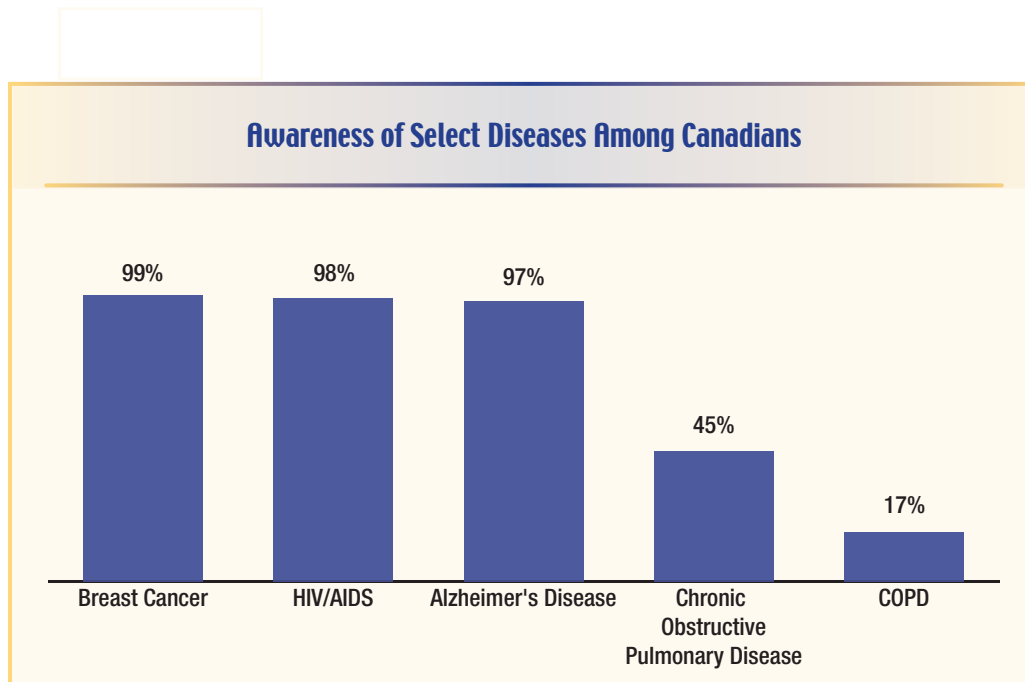
Research for this *Report Card* asked 2,568 Canadians if they had ever been diagnosed with COPD, chronic bronchitis or emphysema. A total of 8% of the respondents said they had. This suggests that COPD affects far more Canadians than was previously assumed.

This robust sample of adult Canadians – far exceeding the survey base sizes typical of national surveys in Canada – provides information that is statistically accurate and representative of Canada's population on a national and provincial basis.

4. Statistics Canada: <http://www40.statcan.ca/l01/cst01/health36.htm?sdi=leading%20causes%20death> 5. Ernst, P., Bourbeau, J., et al. *Canadian Community Health Survey; 2000*. Statistics Canada, 2003. 6. Lacasse Y., Brooks D., Goldstein R.S. Trends in the epidemiology of COPD in Canada, 1980-1995. Presented at the ALA/ATS 1998. 7. O'Donnell, D., et al. *Canadian Thoracic Society recommendations for management of chronic obstructive pulmonary disease – 2003*. *Can. Respir J.* Vol 10 Suppl. A May/June 2003.

COPD Awareness in Canada

An overall lack of awareness about COPD is a significant issue in Canada. Fewer than half of all Canadians (45%) have ever heard of Chronic Obstructive Pulmonary Disease, and just 17% have heard of the acronym COPD. This does not compare favourably to awareness of other diseases. The *Report Card* research demonstrated awareness of Alzheimer's Disease, breast cancer and HIV/AIDS to range between 97% and 99%. In light of this, 45% awareness of Chronic Obstructive Pulmonary Disease is quite poor.

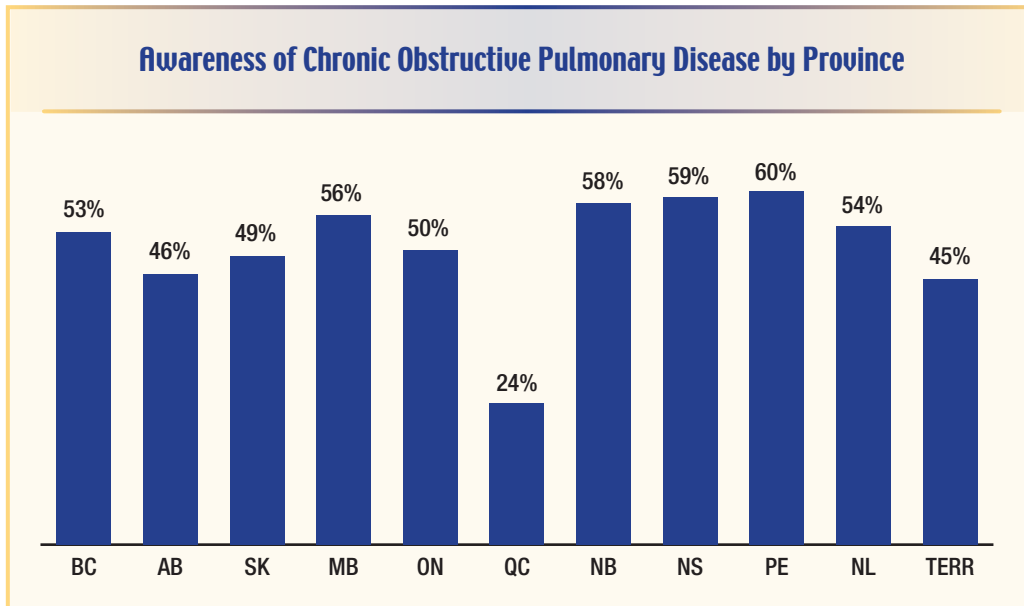


Source: Leger Marketing Poll, Sept. 2005, n=2,568



NATIONAL OVERVIEW

Awareness of Chronic Obstructive Pulmonary Disease is lowest in Quebec, where only 24% of respondents had heard of it. It should be noted that language was not the issue here as all French-speaking respondents were asked about “maladie pulmonaire obstructive chronique” or MPOC. What might be at play is an issue of labelling of COPD as Quebec respondents have comparable awareness levels of chronic bronchitis (83%) and emphysema (87%) as the rest of Canada.

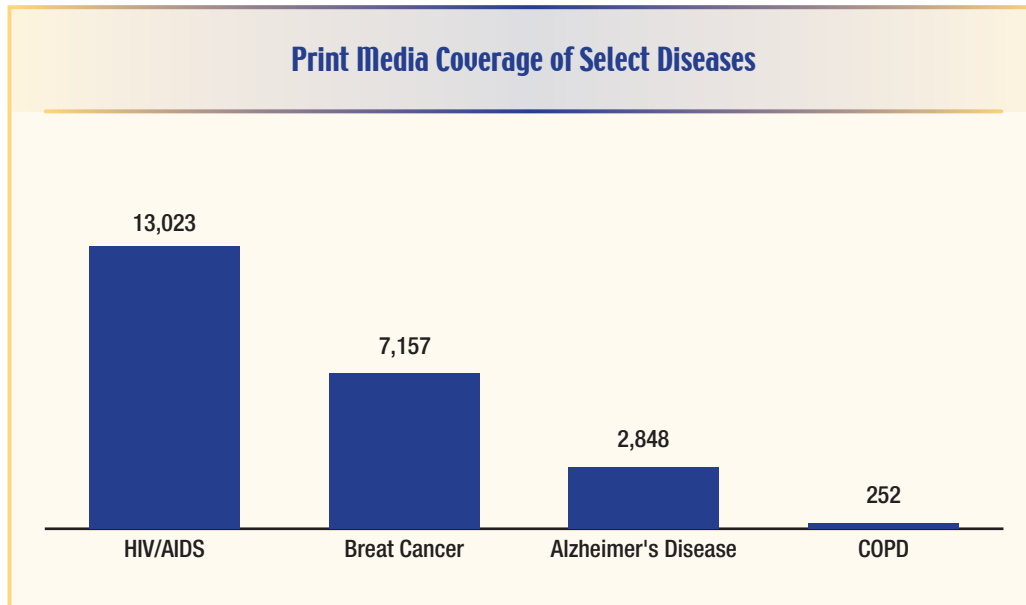


Source: Leger Marketing Poll, Sept. 2005, n=2,568

Public Awareness Through Media

The low public awareness of COPD in this country could be related to the limited media coverage compared to other leading diseases.

Between January and September 2005, there were 252 print articles that mentioned either COPD or Chronic Obstructive Pulmonary Disease. However, during that same time frame, there were many more stories about Alzheimer's Disease, breast cancer, and HIV/AIDS in comparable media. This is not to detract from the newsworthiness of these other diseases, but nonetheless it clearly highlights an issue of under-representation of COPD among the Canadian media.



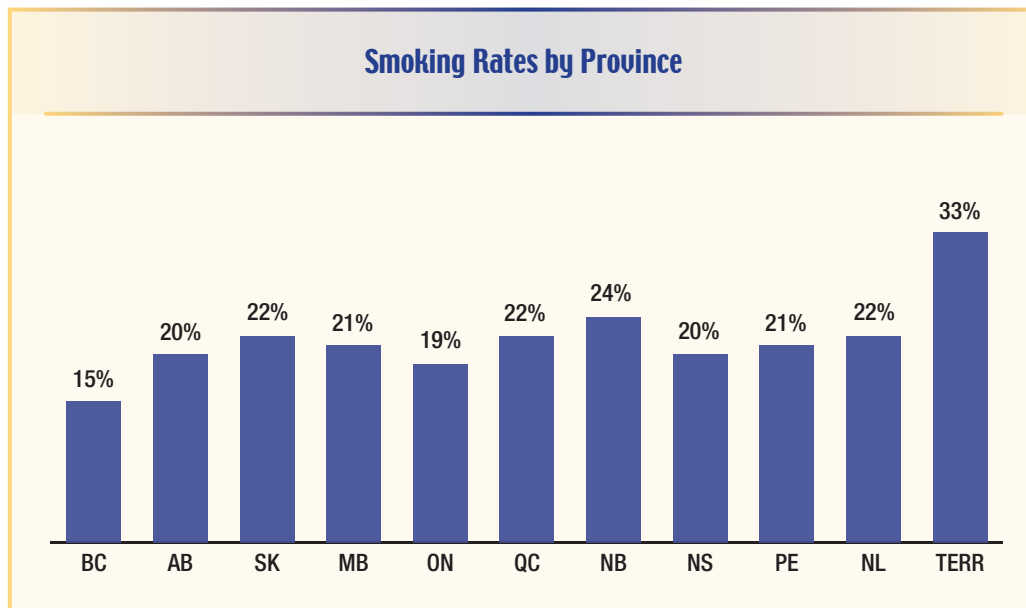
Source: Print articles listed in Infomart search (www.fpinfomart.ca), January 1 to September 30, 2005



NATIONAL OVERVIEW

Smoking

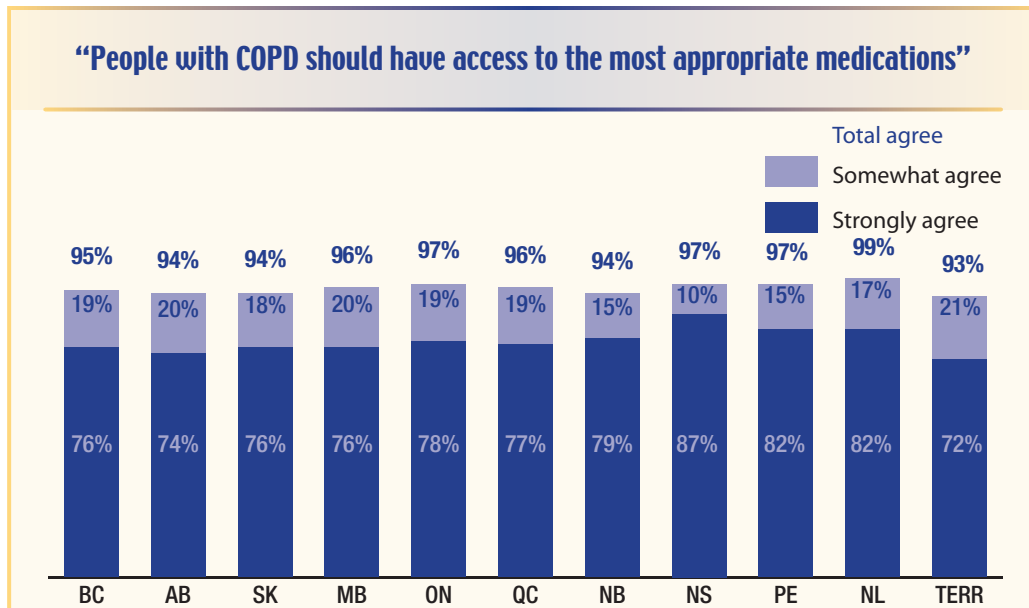
COPD, which is caused mainly by smoking, is not just a growing concern – it is a critical healthcare issue facing Canadians right now. According to Health Canada, more than half of Canadians (57%) are either current or former smokers. Those current or former smokers over the age of 40 are already at risk of developing COPD, and those over 55 may already suffer from the disease whether they know it or not.



Source: BC to NL - Health Canada, 2004; Territories - Leger Marketing Poll, Sept. 2005, n=226

Public Perception

Based on this research, many Canadians still feel that people who smoke deserve whatever disease they get. Despite this, however, most Canadians (96%) believe that people with COPD should have access to the most appropriate medications that could alleviate their symptoms.



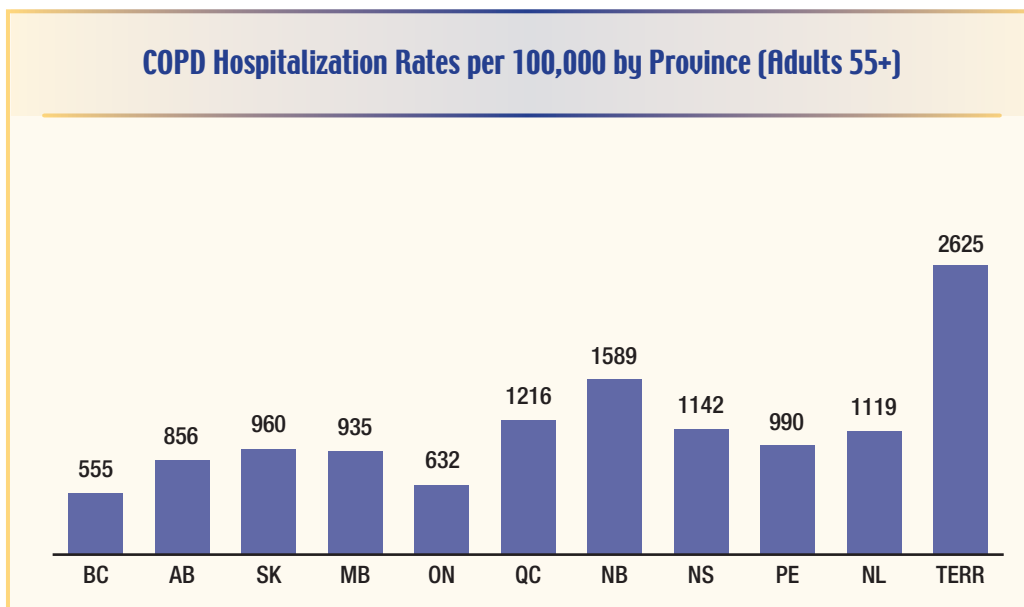
Source: Leger Marketing Poll, Sept. 2005, n=2,568

NATIONAL OVERVIEW



Hospitalization Rates by Province

Despite declining smoking rates in Canada, COPD hospitalization rates are on the rise.⁸ Flare-ups are the most frequent cause of medical visits, hospital admissions and death among patients with COPD. Up to 50% are caused by respiratory viruses, mainly the common cold; the remainder are thought to be due to bacterial infection.

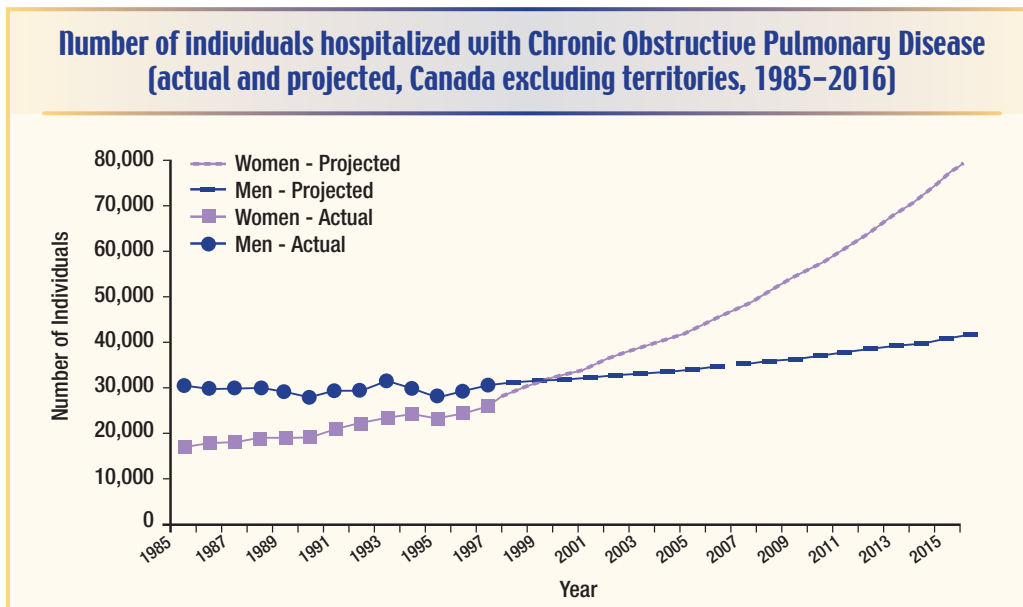


Source: Canadian Institute for Health Information, 2001

8. O'Donnell, D, et. al. *Canadian Thoracic Society recommendations for management of chronic obstructive pulmonary disease – 2003*. *Can. Respir J.* Vol 10 Suppl. A May/June 2003.

COPD as a Women’s Health Issue

As well as being a significant men’s health issue, COPD is increasingly becoming a women’s health issue. A report published by the Canadian Institute for Health Information in 2001 warned that COPD hospitalization rates among women will increase significantly over the next 15 years.⁹



Source: Centre for Chronic Disease Prevention and Control, Health Canada using data from Hospital Morbidity File, Canadian Institute for Health Information, Population projections from Statistics Canada

9. Canadian Institute for Health Information, Canadian Lung Association, Health Canada, Statistics Canada. Respiratory Disease in Canada. September 2001.

NATIONAL OVERVIEW



Treatment of COPD and Guideline Use

Goals of the CTS Guidelines

In 2003, the Canadian Thoracic Society – the medical arm of the Canadian Lung Association- published guidelines designed to optimize early diagnosis, prevention and management of COPD. These guidelines provide a set of “best practices” for physicians in a variety of scenarios that can be customized for individual COPD patients.

According to the guidelines, the goals of managing COPD are to prevent disease progression, reduce and alleviate breathlessness and other respiratory symptoms, improve exercise tolerance, prevent and treat flare-ups, and reduce mortality.

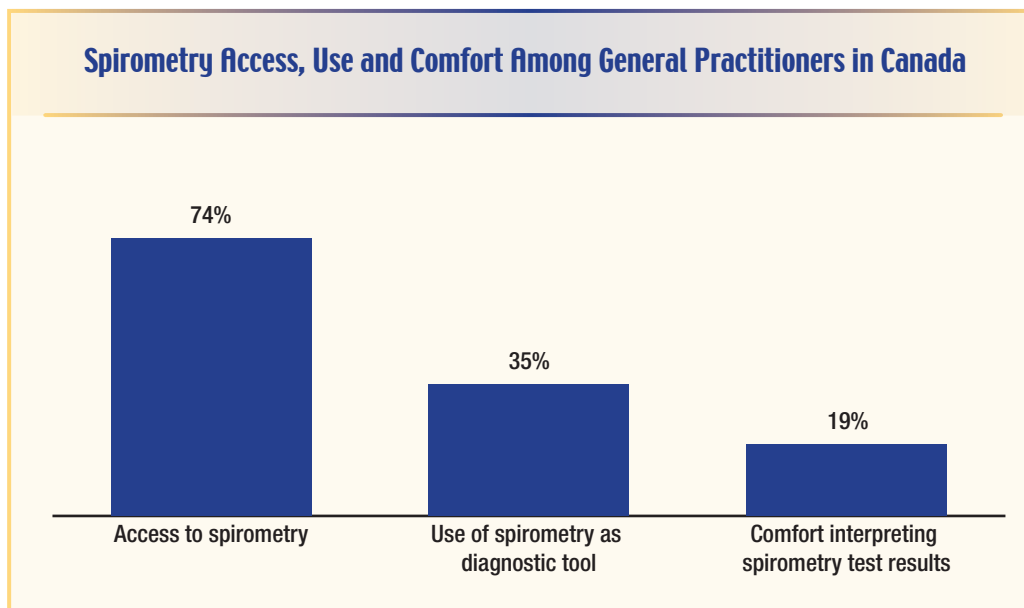
Unfortunately, there is a gap between real-world practice and the best practice as recommended by the guidelines.

- One quarter of the doctors in this country (26%) consider themselves to be very familiar with the CTS guidelines.
- 21% don't even know what treatments are recommended by the guidelines.
- Only 7% of Canadian physicians say they follow the treatment processes outlined by the CTS guidelines all of the time.

Diagnostic Behaviour

The CTS guidelines emphasize the importance of spirometry as the most efficient means for accurately diagnosing COPD. Spirometry is a simple breathing test that calculates the amount of air a patient's lungs can hold and the rate at which that air can be expelled. The results of this test provide an accurate diagnostic measure for COPD.

Nationally, access to spirometry is high, use of the device (spirometer) low, and comfort interpreting the results even lower.



Source: Leger Marketing Physician Poll, Sept. 2005, n=252

Management of COPD

This *Report Card* grades all provinces against the CTS guidelines. The recommended management approach includes smoking cessation, education, medical intervention and pulmonary rehabilitation.

Not all provinces have established programs to reflect the recommendations. For example, while there are pulmonary rehabilitation programs being offered across the country, a recent report estimates that only 1.2% of the COPD population is currently being served compared to 0.5% in 1996.¹⁰ It concluded that "there is a great need for increased funding to maintain the current programs and create new programs to better serve those requiring pulmonary rehabilitation". PEI, Newfoundland & Labrador, and the Territories do not offer any pulmonary rehabilitation for COPD patients.

Another example is that not all provinces are funding COPD medications according to the treatment guidelines recommended by the CTS.

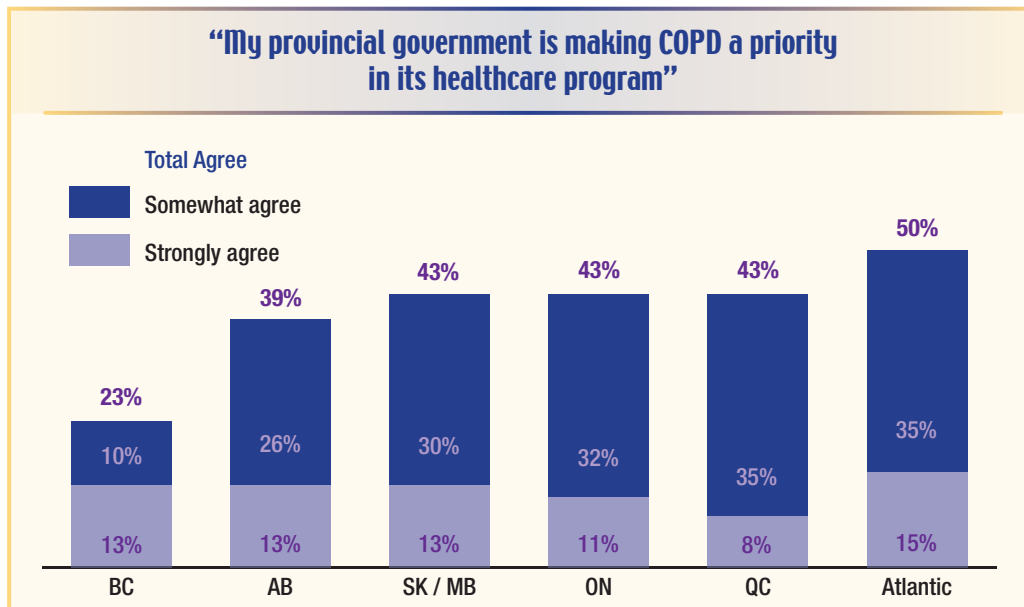
10. *Characterization of Pulmonary Rehabilitation Programs in Canada*. Horton, R.; Bell, B., Hanna, M.; Laframboise, L.; Selvanayagarajah, S. University of Toronto, 2005.



NATIONAL OVERVIEW

COPD as a Healthcare Priority

More than half the physicians in this survey (56%) said their provincial government is not making COPD a healthcare priority. Figures show that there is considerable variance among the provinces, with no province receiving a strong score in this area.



Source: Leger Marketing Physician Poll, n=252

While most provinces do not have formal COPD strategies, it should be noted that some provinces are currently in planning for a formal strategy and other provinces are finding alternative funding sources for COPD management.

For example, the New Brunswick Lung Association and stakeholder members have initiated the development of a strategy for COPD prevention and management. The inaugural meeting was held in November 2004 and a working group has since been formed to develop the contents of the strategy. Strategic partners include respirologists, family doctors, respiratory therapists, registered nurses, pharmacists and executives from the regional health authority. They have joined forces to develop a strategy that works in concert with the New Brunswick government's provincial health plan.

The Alberta and Newfoundland & Labrador Lung Associations are in the process of developing formal COPD strategies that will be presented to their provincial governments within the next year. The Saskatchewan Lung Association is in the process of implementing a new COPD rehabilitation strategy in partnership with regional health authorities.

A comprehensive primary care program in Quebec called *Living Well with COPD* is the most thorough and widely used COPD self-management program in the country. Other provinces should look to Quebec to discuss potential implementation in their own regions.

In British Columbia, the government is providing funding for a Lung Association COPD initiative. While still in the development phase, it appears that COPD will soon become more of a priority in BC.

Ontario government resources are directed to local hospitals which decide whether or not to fund pulmonary rehabilitation programs, while Quebec and Nova Scotia have well-funded home oxygen programs.

To date, the federal government has not taken substantive action to address the burden of COPD in Canada. There is no formal COPD strategy. The cost of inaction will be seen for many years to come. The Canadian Lung Association is urging the government to allocate sufficient funding to put in place a plan that will help alleviate the impact of COPD in Canada.

Report Parameters

While the scope and breadth of this *Report Card* are considerable, especially with respect to other studies conducted on the state of COPD in Canada, there are a number of areas that it does not examine. Patient support groups are not considered in the scoring of this *Report Card* nor in the relative strengths or gaps within the provincial breakdowns. Similarly, end-of-life support and palliative care considerations were not taken into account for this *Report Card*. These areas – among others – can and should be explored in future research about COPD in Canada.

Summary, Future Recommendations, Next Steps

Chronic Obstructive Pulmonary Disease (COPD): A National Report Card was developed to increase awareness of the disease, to highlight specific issues and gaps and to encourage Canadian decision makers to get together and make improvements in policy to ensure the best possible management and care of people with COPD.

There have been many successes to date, from government-funded initiatives, provincial listing of important medications and home oxygen programs, to *Breathworks*, the Canadian Lung Association's COPD disease management program.

Overall, provinces need to learn from each other, build on successes and experiences, and implement new and much needed programs throughout the country. There also needs to be national as well as provincial COPD strategies.

The following pages provide provincial breakdowns including key strengths, gaps and calls to action.



BRITISH COLUMBIA



COPD as a Health Issue and Priority

- The government of British Columbia has provided primary funding to a number of healthcare professionals towards the development of a COPD Service Framework that will address the care gaps in COPD management. The Service Framework is currently in the developmental phase. Based on this, it appears that COPD will soon become more of a priority in BC. There is a fully-funded smoking cessation program and a provincially funded home oxygen program.
- BC's smoking rate is the lowest in the country (15%), as is its COPD hospitalization rate (555 per 100,000).

Public Awareness and Attitudes

- Awareness of Chronic Obstructive Pulmonary Disease in BC is 53%. This is average compared to the rest of the country.
- British Columbians are not sympathetic towards smokers: 51% (the highest proportion in the country) say that someone who smokes deserves whatever disease they get.
- Nevertheless, 95% of British Columbians say that COPD patients should have access to the best available medication.

Physician Awareness, Attitudes and Familiarity with CTS Guidelines

- Most BC physicians feel very comfortable with managing COPD (75%) and a majority are very knowledgeable about COPD symptoms (78%). These figures are similar to the national average.
- While 8% of physicians admit to discriminating against smokers in terms of quality of healthcare, 24% of patients say the quality of healthcare they received suffered because they are smokers or were smokers previously.
- 78% of physicians are familiar with the CTS guidelines; this is below the national average.

Access to and Use of Spirometry

- 85% of physicians in BC report having access to spirometry, the highest in the country.
- 33% of physicians have used spirometry to diagnose COPD and 15% of physicians are comfortable with interpreting the results.

Physician Prescribing Habits and Access to COPD Medications

- 52% of BC physicians follow CTS guidelines most of the time when prescribing medications to their COPD patients; 3% all of the time.
- Nine out of 10 doctors (93%) say they are unable to prescribe the best COPD treatments available because of the current medical reimbursement environment.
- The provincial formulary does not reflect the recommendations of the CTS guidelines with respect to first-line maintenance therapies for COPD. It does not currently list the long-acting anticholinergic and does not fully list the long-acting beta₂-agonist.

Recommendation and Use of Non-Medication Interventions

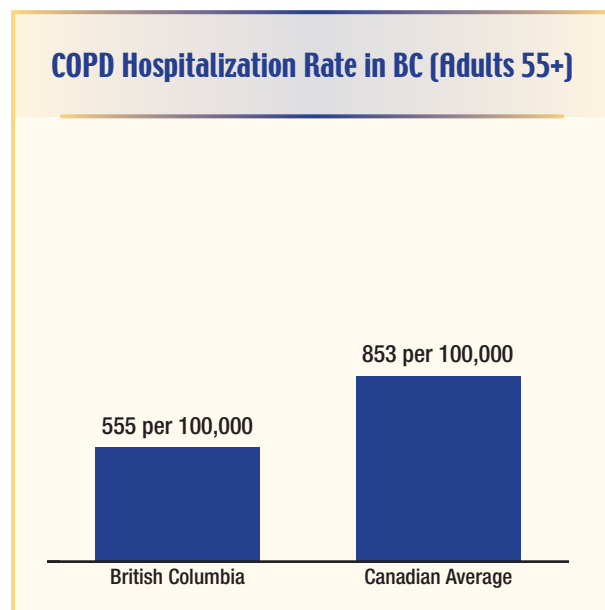
- 70% of physicians say they have recommended pulmonary rehabilitation to their COPD patients.
- There are nine pulmonary rehabilitation facilities in BC, providing 14 programs.
- All physicians recommend that their COPD patients quit smoking.

Key Strengths

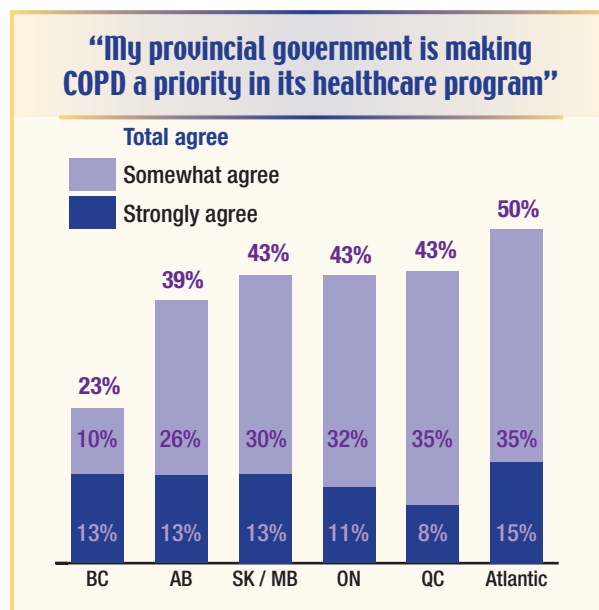
- Lowest smoking rate (15%) in Canada.
- COPD hospitalization rate (555 per 100,000) in BC, while high, is lowest among the provinces.
- Best access to spirometry in Canada – six out of seven physicians (85%) have access to a spirometer.

Gaps

- Late COPD detection – most patients (55%) experience symptoms for six years or more prior to diagnosis.
- Patient reimbursement through provincial drug plan does not reflect CTS guidelines.
- 75% of BC physicians say their provincial government is not making COPD a healthcare priority.
- Just 55% of physicians follow CTS guidelines at least most of the time when prescribing medication.
- While 85% of BC physicians have access to spirometry, just 33% use it as a diagnostic tool.
- The pulmonary rehabilitation capacity in BC is currently too low.



Source: Canadian Institute for Health Information, 2001



Source: Leger Marketing Physician Poll, n=252

CALL TO ACTION

- **Prioritize COPD in healthcare by developing a provincial strategy with funding allocated specifically for COPD.**
- **Provide patient reimbursement through the provincial drug plan to reflect the CTS guidelines.**
- **Improve pulmonary rehabilitation capacity by increasing funding to rehab programs.**
- **Expand training of physicians for better utilization of spirometry.**
- **Implement earlier testing and detection.**
- **Implement public awareness and education initiatives about COPD risks, symptoms, and treatments.**



ALBERTA



COPD as a Health Issue and Priority

- There are currently strategies and partnerships for prevention and management of COPD in Alberta, although these are only partially or temporarily funded by the province. The COPD and Asthma Network of Alberta (CANA) is a partnership of healthcare professionals and related partners who strive for excellence in prevention, promotion and management of COPD. While there is a home oxygen program, it is not fully government-funded. There is a toll-free smokers' helpline that is fully funded by the government through the Alberta Alcohol and Drug Abuse Commission (AADAC).
- The Alberta Lung Association will facilitate the development of a formal COPD strategy in 2006 and has already had preliminary discussions with AADAC about funding the strategy.
- Smoking rates, COPD hospitalization rates and COPD mortality rates in Alberta closely mimic the national average in each category. In this regard, Alberta might be considered a bellwether.

Public Awareness and Attitudes

- Awareness of Chronic Obstructive Pulmonary Disease in Alberta is 46%. This is lower than most other provinces.
- Albertans are not very sympathetic towards smokers: 44% say that someone who smokes deserves whatever disease they get.
- 95% say that COPD patients should have access to the best available medication.

Physician Awareness, Attitudes and Familiarity with CTS Guidelines

- Most Alberta physicians feel very comfortable with managing COPD (74%) and a majority are very knowledgeable about COPD symptoms (69%). The comfort level is about average while symptom awareness is below the national average.
- While 8% of physicians admit to discriminating against smokers in terms of quality of healthcare, 29% of patients say the quality of healthcare they received suffered because they are smokers or were smokers previously.
- 91% of physicians are familiar with the CTS guidelines, the highest across the country.

Access to and Use of Spirometry

- 83% of physicians report access to spirometry, which is above the national average.
- 35% of physicians have used spirometry to diagnose COPD and 26% of physicians are comfortable with interpreting the results.

Physician Prescribing Habits and Access to COPD Medications

- 39% of physicians follow CTS guidelines most of the time when prescribing medications to their COPD patients; 9% all of the time.
- Two out of three doctors (65%) say they are unable to prescribe the best COPD treatments available because of the current medical reimbursement environment.
- The provincial formulary is one of the most complete in Canada. As per CTS guidelines, it fully lists a selection of short-acting medications, inhaled corticosteroids, combination medications as well as the long-acting beta₂-agonist. However, there is only limited access to a first-line CTS-recommended maintenance therapy medication, the long-acting anticholinergic.

Recommendation and Use of Non-Medication Interventions

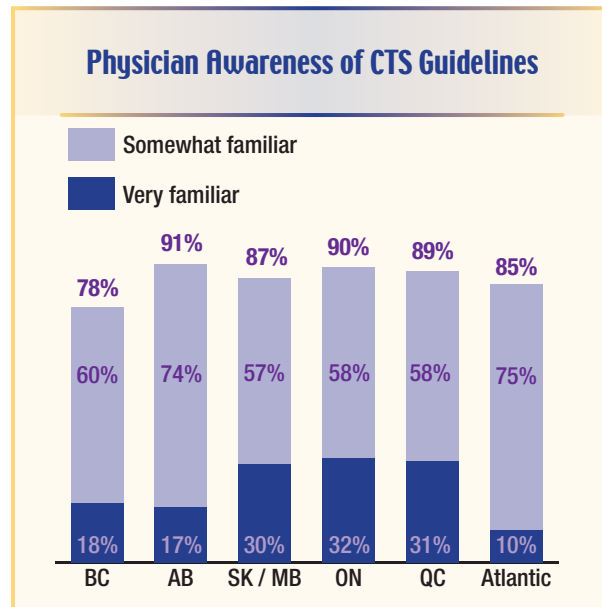
- 87% of physicians say they have recommended pulmonary rehabilitation to their COPD patients.
- There are six pulmonary rehabilitation facilities in Alberta, providing eight programs.
- All physicians recommend that their COPD patients quit smoking.

Key Strengths

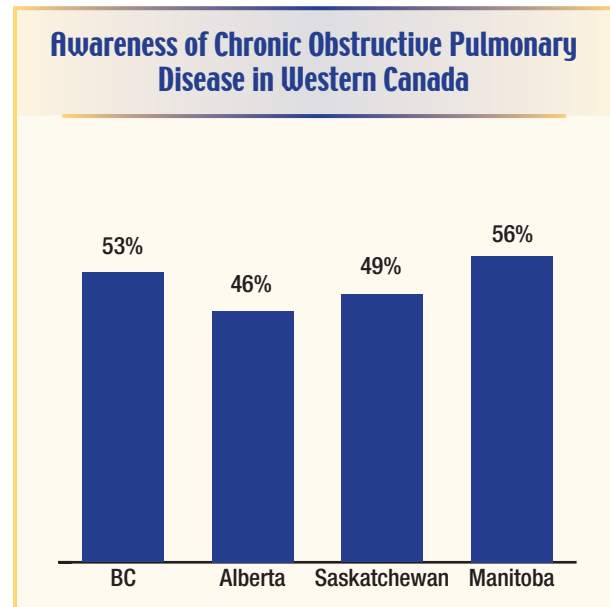
- Most COPD patients (82%) feel they were diagnosed early enough.
- Physicians (91%) post the highest level of familiarity with the CTS guidelines for managing COPD.
- Alberta's provincial drug formulary is one of the most comprehensive in Canada, but could still be brought more in line with the CTS guidelines.

Gaps

- Low public awareness of Chronic Obstructive Pulmonary Disease – a majority (54%) are unaware.
- Patient reimbursement through provincial drug plan does not reflect CTS guidelines.
- While Alberta physicians have the highest familiarity with the CTS guidelines, they register the lowest level of familiarity with the recommended treatments for COPD (33%).
- Just 48% of physicians follow CTS guidelines at least most of the time when prescribing medication.
- While 83% of Alberta physicians have access to spirometry, only 35% use it as a diagnostic tool.
- The pulmonary rehabilitation capacity in Alberta is currently too low.



Source: Leger Marketing Physician Poll, n=252



Source: Leger Marketing Poll, Sept. 2005, n=2,568

CALL TO ACTION

- **Prioritize COPD in healthcare by developing a provincial strategy with funding allocated specifically for COPD.**
- **Improve awareness and education efforts around the application of the CTS guidelines with physicians.**
- **Implement public awareness and education initiatives about COPD risks, symptoms and treatments.**
- **Improve pulmonary rehabilitation capacity by increasing funding to rehab programs.**
- **Provide patient reimbursement through the provincial drug plan to reflect the CTS guidelines.**
- **Expand training of physicians for better utilization of spirometry.**



SASKATCHEWAN



COPD as a Health Issue and Priority

- As part of the Saskatchewan Aids to Independent Living program, the provincial government funds and administers the Home Oxygen Program for COPD patients with training and testing services provided by the Saskatchewan Lung Association. The Lung Association is a partner in the implementation and expansion of pulmonary rehabilitation programs in the province.
- While Saskatchewan has a fairly high smoking rate (22%) and COPD hospitalization rate (960 per 100,000), its COPD mortality rate is one of the lowest in the country at 26 per 100,000.

Public Awareness and Attitudes

- Awareness of Chronic Obstructive Pulmonary Disease in Saskatchewan is 49%. This is lower than most other provinces.
- People in Saskatchewan are not very sympathetic towards smokers: 48% say that someone who smokes deserves whatever disease they get.
- 94% of people say that COPD patients should have access to the best available medication.

Physician Awareness, Attitudes and Familiarity with CTS Guidelines*

- Most physicians feel very comfortable with managing COPD (91%) and a majority are very knowledgeable about COPD symptoms (65%). The comfort level is the highest in the country while symptom awareness is the lowest.
- 87% of physicians are familiar with the CTS guidelines, similar to the national average.

Access to and Use of Spirometry

- 78% of physicians report access to spirometry, similar to the national average.
- 44% of physicians have used spirometry to diagnose COPD and 35% of physicians are comfortable with interpreting the results.

Physician Prescribing Habits and Access to COPD Medications

- 65% of physicians follow CTS guidelines most of the time when prescribing medications to their COPD patients; 9% all of the time.
- Two out of three doctors (65%) say they are unable to prescribe the best COPD treatments available because of the current medical reimbursement environment.
- The provincial formulary in Saskatchewan does not reflect the recommendations of the CTS guidelines. While it fully lists short-acting medications and inhaled corticosteroids, there is only limited access to the CTS-recommended maintenance therapies, the first-line long-acting anticholinergic and the long-acting beta₂-agonist.

Recommendation and Use of Non-Medication Interventions

- All physicians say they have recommended pulmonary rehabilitation to their COPD patients.
- There are two pulmonary rehabilitation facilities in the province with a total capacity of about 200 patients per year.
- All physicians recommend that their COPD patients quit smoking.

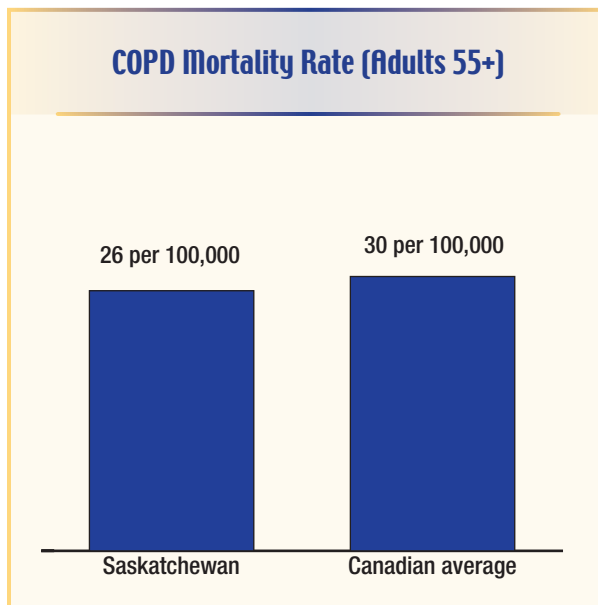
* Responses by physicians in Saskatchewan and Manitoba were combined for statistical purposes.

Key Strengths

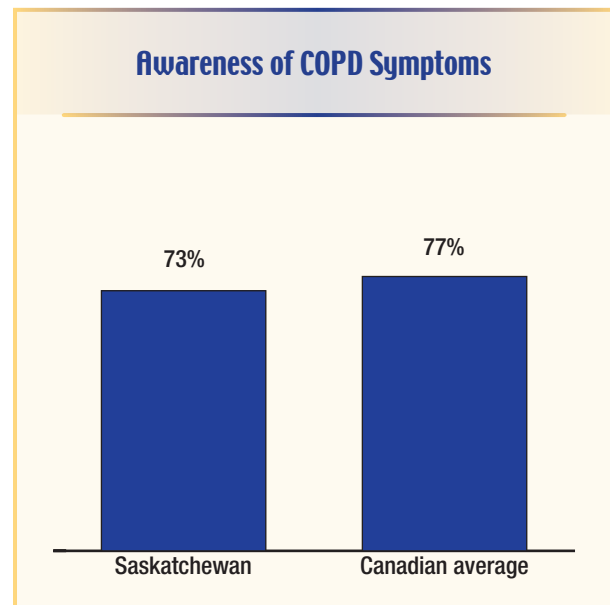
- One of the lowest COPD mortality rates (26 per 100,000) in Canada.
- No treatment bias from the perspective of patients regarding smoking behaviours.

Gaps

- Smoking rate (22%) is high compared to the national average.
- Low public awareness of Chronic Obstructive Pulmonary Disease – a slim majority (51%) are unaware.
- Poor public knowledge of COPD symptoms. After being read a description of COPD, more than a quarter (27%) failed to name a single symptom.
- Patient reimbursement through provincial drug plan does not reflect CTS guidelines.
- While 78% of physicians have access to spirometry, only 44% use it as a diagnostic tool.
- The pulmonary rehabilitation capacity in Saskatchewan is severely limited.



Source: Canadian Institute for Health Information, 2001



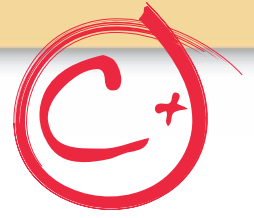
Source: Leger Marketing Poll, Sept. 2005, n=2,568

CALL TO ACTION

- **Prioritize COPD in healthcare by developing a provincial strategy with funding allocated specifically for COPD.**
- **Implement public awareness and education initiatives about COPD risks, symptoms and treatments.**
- **Improve pulmonary rehabilitation capacity by increasing funding to rehab programs.**
- **Provide patient reimbursement through the provincial drug plan to reflect the CTS guidelines.**
- **Increase training of and access to qualified COPD educators.**
- **Expand training of physicians for better utilization of spirometry.**



MANITOBA



COPD as a Health Issue and Priority

- Under Manitoba's Chronic Disease Prevention Initiative, the provincial government provides funding for the prevention of a variety of diseases. A comprehensive provincial strategy for COPD management has yet to be developed. The provincial government funds a home oxygen program as well as two smoking cessation programs.
- Manitoba has the lowest COPD mortality rate in Canada at 25 per 100,000. Manitoba's smoking rate (21%) and COPD hospitalization rate (935 per 100,000) are average.

Public Awareness and Attitudes

- Awareness of Chronic Obstructive Pulmonary Disease in Manitoba is 56%. This is above average compared to the rest of the country.
- People in Manitoba are not very sympathetic towards smokers: 42% say that someone who smokes deserves whatever disease they get.
- 94% of people say that COPD patients should have access to the best available medication.

Physician Awareness, Attitudes and Familiarity with CTS Guidelines*

- Most physicians feel very comfortable with managing COPD (91%) and a majority are very knowledgeable about COPD symptoms (65%). The comfort level is the highest in the country while symptom awareness is the lowest.
- 87% of physicians are familiar with the CTS guidelines, similar to the national average.

Access to and Use of Spirometry

- 78% of physicians report access to spirometry, similar to the national average.
- 44% of physicians have used spirometry to diagnose COPD and 35% of physicians are comfortable with interpreting the results.

Physician Prescribing Habits and Access to COPD Medications

- 65% of physicians follow CTS guidelines most of the time when prescribing medications to their COPD patients; 9% all of the time.
- Two out of three doctors (65%) say they are unable to prescribe the best COPD treatments available because of the current medical reimbursement environment.
- The provincial formulary in Manitoba is strong, but does not fully reflect the CTS guidelines. Short-acting medications, inhaled corticosteroids, combination medications and the long-acting beta₂-agonist are all fully listed. However, the first-line maintenance therapy recommended by the CTS Guidelines, the long-acting anticholinergic, is not covered at all under the provincial drug plan.

Recommendation and Use of Non-Medication Interventions

- All physicians say they have recommended pulmonary rehabilitation to their COPD patients.
- There are four pulmonary rehabilitation programs in Manitoba.
- All physicians recommend that their COPD patients quit smoking.

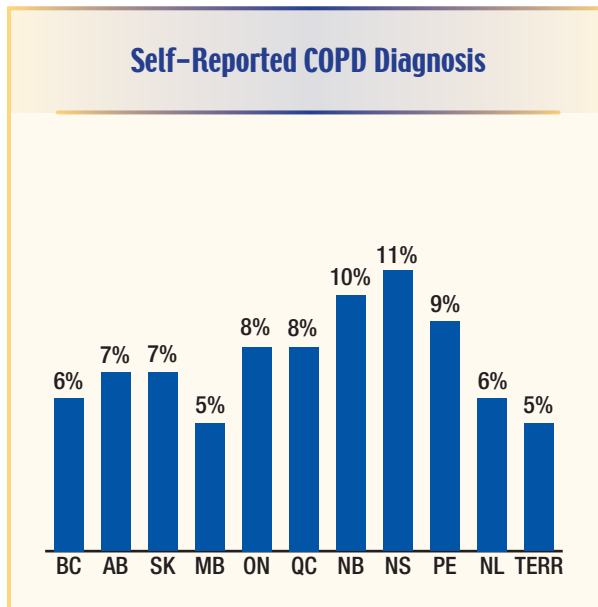
* Responses of physicians in Saskatchewan and Manitoba were combined for statistical purposes.

Key Strengths

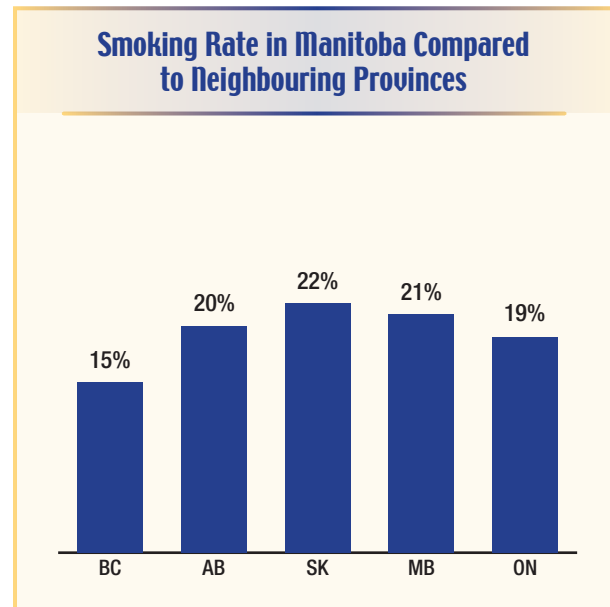
- Lowest self-reported COPD diagnosis (5%) and COPD mortality rates (25 per 100,000) in Canada.
- While still low, Manitoba has one of the highest levels of public awareness (56%) of Chronic Obstructive Pulmonary Disease.
- Manitoba physicians (91%) are very comfortable with managing COPD. This is the highest in Canada.

Gaps

- Smoking rate (21%) is somewhat high.
- Not all CTS-recommended medications are listed on the provincial formulary.
- While 78% of physicians have access to spirometry, only 44% use it as a diagnostic tool.
- The pulmonary rehabilitation capacity in Manitoba is currently too low.



Source: Leger Marketing Poll, Sept. 2005, n=2,568



Source: Health Canada, 2004

CALL TO ACTION

- **Prioritize COPD in healthcare by developing a provincial strategy with funding allocated specifically for COPD.**
- **Implement public awareness and education initiatives about COPD risks, symptoms and treatments.**
- **Improve pulmonary rehabilitation capacity by increasing funding to rehab programs.**
- **Provide patient reimbursement through the provincial drug plan to reflect the CTS guidelines.**
- **Expand training of physicians for better utilization of spirometry.**



ONTARIO



COPD as a Health Issue and Priority

- Currently there is no comprehensive strategy for managing COPD in Ontario. While the Ontario government provides funding to hospitals, it is the decision of hospitals to provide pulmonary rehabilitation programs as one of their services. Ontario has an advanced smoking prevention program – the Smoke-Free Ontario strategy. There is also a funded home oxygen program.
- Ontario has the second-lowest smoking rate in the country at 19%. The COPD hospitalization rate (632 per 100,000), while high, is the second-lowest among the provinces. Ontario also has the second-lowest COPD mortality rate (26 per 100,000).

Public Awareness and Attitudes

- Awareness of Chronic Obstructive Pulmonary Disease in Ontario is 50%. This is about average compared to the rest of the country.
- Ontarians are not very sympathetic towards smokers: 44% say that someone who smokes deserves whatever disease they get.
- 97% of people in Ontario say that COPD patients should have access to the best available medication.

Physician Awareness, Attitudes and Familiarity with CTS Guidelines

- Most Ontario physicians feel very comfortable with managing COPD (80%) and a majority are very knowledgeable about COPD symptoms (80%). The comfort level is above average and symptom awareness is similar to the national average.
- While 13% of physicians admit to discriminating against smokers in terms of quality of healthcare, 14% of patients say the quality of healthcare they received suffered because they are smokers or were smokers previously.
- Physicians in Ontario are second only to Alberta in familiarity with the CTS guidelines (90%).

Access to and Use of Spirometry

- 76% of physicians in Ontario report access to spirometry similar to the national average.
- 45% of physicians use spirometry to diagnose COPD and 37% of physicians are comfortable with interpreting the results.

Physician Prescribing Habits and Access to COPD Medications

- 64% of physicians follow CTS guidelines most of the time when prescribing medications to their COPD patients; 6% all of the time.
- 42% of physicians (the lowest number in Canada) say they are unable to prescribe the best COPD treatments available because of the current medical reimbursement environment.
- The provincial formulary in Ontario is strong but incomplete. Short-acting medications are listed as are inhaled corticosteroids and the long-acting anticholinergic. However, there is only limited coverage available for combination medications and the CTS-recommended maintenance therapy, the long-acting beta₂-agonist.

Recommendation and Use of Non-Medication Interventions

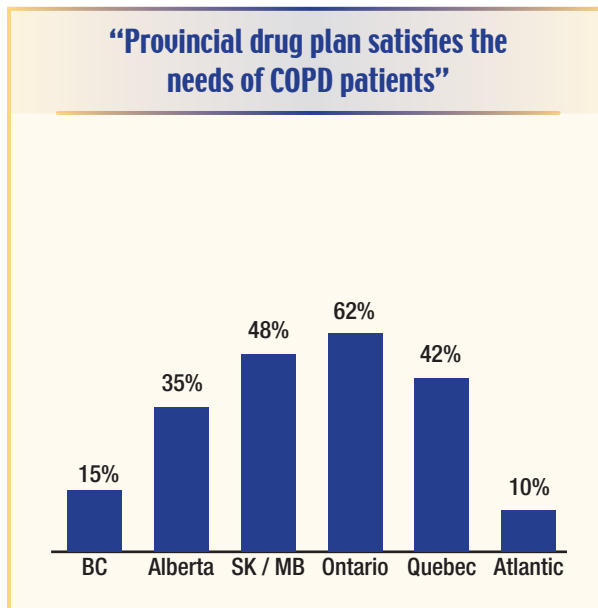
- 89% of physicians say they have recommended pulmonary rehabilitation to their COPD patients.
- There are 24 pulmonary rehabilitation facilities in Ontario, providing 41 programs. The total number of patients served each year is just over 3,200, which is a small percentage (1.2%) of the entire COPD population in Ontario.
- All physicians recommend that their COPD patients quit smoking.

Key Strengths

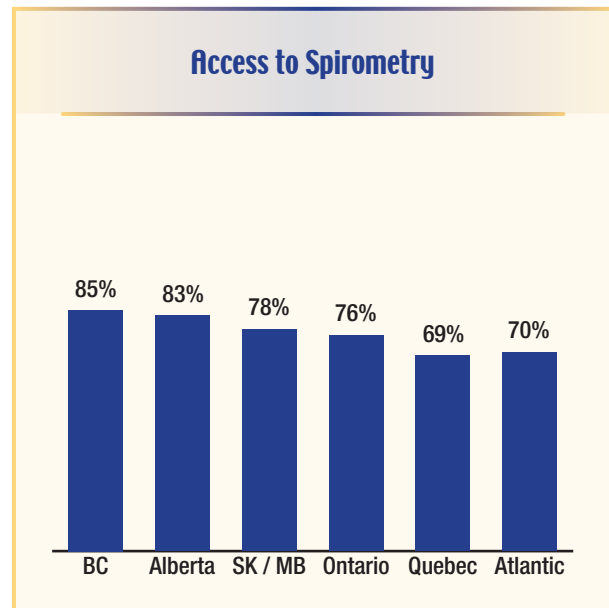
- Provincial drug plan includes one of the first-line COPD maintenance medications, and Ontario is the only province where a majority of doctors (62%) say the drug plan satisfies the needs of COPD patients.
- Ontario physicians are familiar with the CTS guidelines (90%) and their familiarity with the CTS treatment recommendations (88%) is the highest in Canada.
- Funded home oxygen and smoking cessation programs.

Gaps

- While 76% of Ontario physicians have access to spirometry, only 45% use it as a diagnostic tool.
- Pulmonary rehabilitation facilities remain grossly inadequate.
- Lack of comprehensive provincial strategy for managing COPD.
- Patient reimbursement through provincial drug plan does not fully reflect CTS guidelines.



Source: Leger Marketing Physician Poll, Sept. 2005, n=252



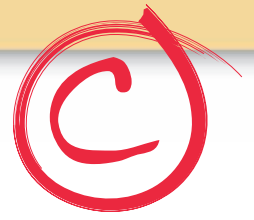
Source: Leger Marketing Physician Poll, Sept. 2005, n=252

CALL TO ACTION

- **Prioritize COPD in healthcare by developing a provincial strategy with funding allocated specifically for COPD.**
- **Implement public awareness and education initiatives about COPD risks, symptoms and treatments.**
- **Improve pulmonary rehabilitation capacity by increasing funding to rehab programs.**
- **Provide patient reimbursement through the provincial drug plan to reflect the CTS guidelines.**
- **Increase utilization of spirometry for diagnosis.**
- **Further educate healthcare providers on the management of COPD.**
- **Increase availability of smoking cessation programs.**



QUEBEC



COPD as a Health Issue and Priority

- The Quebec government employs a staff dedicated to the prevention and management of COPD in primary care. As well, there is a comprehensive self-management program, *Living Well with COPD*. Coupled with this are partnerships with non-profit organizations that deal with issues pertaining to COPD, including the Quebec Lung Association and the Réseau Québécois de l'asthme et de la MPOC (RQAM). There is also a primary care smoking cessation program in each region. Home oxygen programs are covered with varying degrees of access.
- The smoking rate in Quebec is high at 22%.
- Quebec has a high COPD hospitalization rate (1,216 per 100,000) and the highest mortality rate in Canada (40 per 100,000) outside of the Territories.

Public Awareness and Attitudes

- Awareness of Chronic Obstructive Pulmonary Disease – or *maladie pulmonaire obstructive chronique* in French – in Quebec is 24%. This is the lowest in the country.
- Quebecers are more sympathetic towards smokers than the national average: 36% say that someone who smokes deserves whatever disease they get.
- 96% of people in Quebec say that COPD patients should have access to the best available medication.

Physician Awareness, Attitudes and Familiarity with CTS Guidelines

- A majority of Quebec physicians feel very comfortable with managing COPD (65%) and most are very knowledgeable about COPD symptoms (90%). The comfort level is the lowest in Canada, but symptom awareness is the highest.
- 13% of physicians admit to discriminating against smokers in terms of quality of healthcare and 8% of patients say the quality of healthcare they received suffered because they are smokers or were smokers previously.
- Physicians in Quebec are second only to Alberta in familiarity with the CTS guidelines (90%).

Access to and Use of Spirometry

- 69% of physicians in Quebec report access to spirometry, which is below the national average.
- 38% of physicians have used spirometry to diagnose COPD and 27% of physicians are comfortable with interpreting the results.

Physician Prescribing Habits and Access to COPD Medications

- 52% of physicians follow CTS guidelines most of the time when prescribing medications to their COPD patients; 10% all of the time.
- Just over half of doctors (56%) say they are unable to prescribe the best COPD treatments available because of the current medical reimbursement environment.
- The provincial formulary has full listings for short-acting medications, inhaled corticosteroids and the long-acting beta₂-agonist. There is only limited access to combination medications and the first-line CTS-recommended maintenance therapy, the long-acting anticholinergic.

Recommendation and Use of Non-Medication Interventions

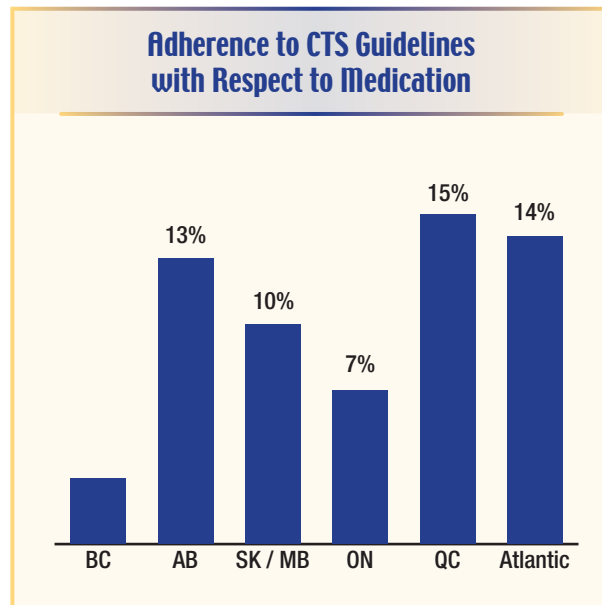
- In Quebec, 85% of physicians say they have recommended pulmonary rehabilitation to their COPD patients.
- There are 10 pulmonary rehabilitation facilities in Quebec, providing 21 programs. This is the second-most in Canada, behind Ontario.
- All physicians recommend that their COPD patients quit smoking.

Key Strengths

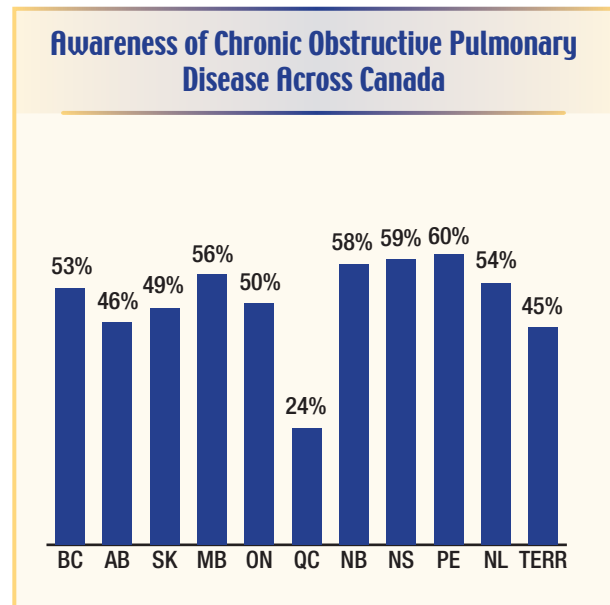
- Quebec physicians are familiar (90%) with the CTS guidelines, and 10% always follow these guidelines – the highest level in Canada.
- Quebec physicians have the highest awareness of COPD symptoms across Canada.

Gaps

- High smoking (22%), hospitalization (1,216 per 100,000), and mortality (40 per 100,000) rates.
- By far, Quebecers have the lowest public awareness of Chronic Obstructive Pulmonary Disease in Canada. This might be related to a labelling problem since Quebec is similar to the rest of the country with respect to awareness of emphysema and chronic bronchitis.
- Limited access to CTS-recommended medications for COPD.
- Just 62% of physicians follow CTS guidelines at least most of the time when prescribing medication.
- While 69% of Quebec physicians have access to spirometry, only 38% use it as a diagnostic tool.
- The pulmonary rehabilitation capacity in Quebec is currently too low.



Source: Leger Marketing Physician Poll, Sept. 2005, n=252



Source: Leger Marketing Poll, Sept. 2005, n=2,568

CALL TO ACTION

- **Prioritize COPD in healthcare by developing a provincial strategy with funding allocated specifically for COPD.**
- **Implement public awareness and education initiatives about COPD risks, symptoms and treatments.**
- **Improve pulmonary rehabilitation capacity by increasing funding to rehab programs.**
- **Provide patient reimbursement through the provincial drug plan to reflect the CTS guidelines.**
- **Expand training of physicians for better utilization of spirometry.**



NEW BRUNSWICK



COPD as a Health Issue and Priority

- The New Brunswick government targets COPD as a chronic disease for enhanced chronic disease management as outlined in its *Healthy Futures* document. While there are currently no primary care or prevention programs in place from the Department of Health and Wellness, they are receptive to proposals, and the New Brunswick Lung Association is developing a COPD strategy for consideration. Home oxygen programs are covered with varying degrees of access.
- New Brunswick was the first to pass a comprehensive ban on smoking in public places in 2004 and the province funds smoking prevention programs.
- New Brunswick has the highest smoking rate in Canada at 24%. The province's COPD hospitalization rate (1,589 per 100,000) and mortality rate (36 per 100,000) are well above average.

Public Awareness and Attitudes

- Awareness of Chronic Obstructive Pulmonary Disease in New Brunswick is 58%. This is above average compared to the rest of the country.
- New Brunswickers are more sympathetic towards smokers than the national average: 38% say that someone who smokes deserves whatever disease they get.
- 94% of people in New Brunswick say that COPD patients should have access to the best available medication.

Physician Awareness Attitudes and Familiarity with CTS Guidelines*

- Most Atlantic physicians feel very comfortable with managing COPD (75%) and a majority are very knowledgeable about COPD symptoms (75%). These figures are similar to the national average.
- 25% of physicians admit to discriminating against smokers in terms of quality of healthcare, the highest proportion in the country.
- 85% of physicians in Atlantic Canada are familiar with the CTS guidelines, similar to the national average.

Access to and Use of Spirometry

- 70% of physicians in Atlantic Canada report access to spirometry, which is below the national average.
- 10% of physicians have used spirometry to diagnose COPD and 10% of physicians are comfortable with interpreting the results. Both the use and the comfort figures are the lowest in Canada.

Physician Prescribing Habits and Access to COPD Medications

- 45% of physicians follow CTS guidelines most of the time when prescribing medications to their COPD patients; 10% all of the time.
- 95% of doctors say they are unable to prescribe the best COPD treatments available because of the current medical reimbursement environment.
- The provincial formulary in New Brunswick does not reflect the recommendations of the CTS guidelines. It does not fully list the recommended medications including the first-line long-acting bronchodilator maintenance therapies, specifically the long-acting beta₂-agonist and the long-acting anticholinergic.

Recommendation and Use of Non-Medication Interventions

- In Atlantic Canada, 70% of physicians say they have recommended pulmonary rehabilitation to their COPD patients.
- There are two pulmonary rehabilitation facilities in New Brunswick, providing two programs.
- All physicians recommend that their COPD patients quit smoking.

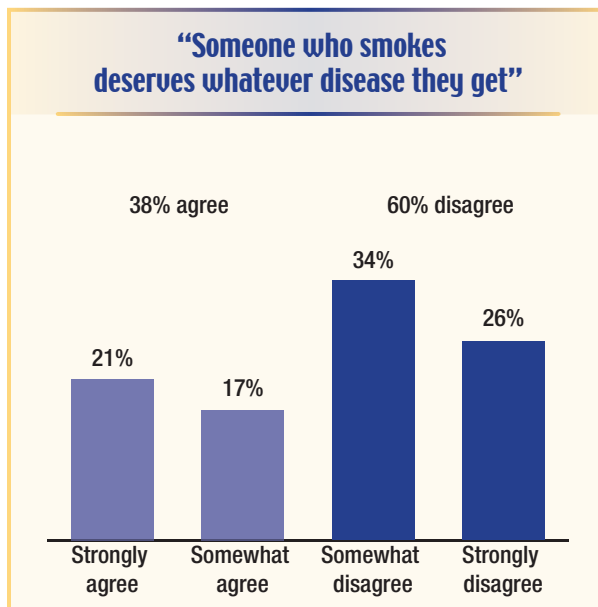
* Responses of physicians in New Brunswick, Nova Scotia, Prince Edward Island and Newfoundland & Labrador were combined for statistical purposes.

Key Strengths

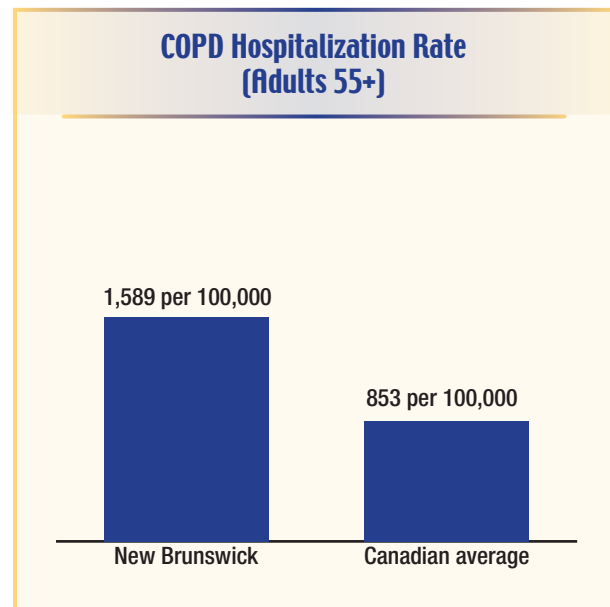
- High public awareness (58%) of COPD.
- Proactive government legislation against smoking.

Gaps

- High smoking (24%), hospitalization (1589 per 100,000), and mortality (36 per 100,000) rates.
- Highest proportion of physicians in Canada (25%) who admit to providing inferior care to COPD patients who smoke.
- Incomplete formulary listing, according to the CTS recommendations.
- Just 55% of physicians follow CTS guidelines at least most of the time when prescribing medication.
- While 70% of Atlantic physicians have access to spirometry, only 10% use it as a diagnostic tool.
- The pulmonary rehabilitation capacity in New Brunswick is currently too low.



Source: Leger Marketing Poll, Sept. 2005, n=2,568 (2% don't know)



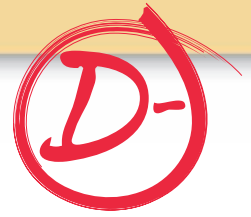
Source: Canadian Institute for Health Information, 2001

CALL TO ACTION

- **Prioritize COPD in healthcare by developing a provincial strategy with funding allocated specifically for COPD.**
- **Implement public awareness and education initiatives about COPD risks, symptoms and treatments.**
- **Improve pulmonary rehabilitation capacity by increasing funding to rehab programs.**
- **Provide patient reimbursement through the provincial drug plan to reflect the CTS guidelines.**
- **Expand training of physicians for better utilization of spirometry.**
- **Increase availability of smoking cessation programs.**



NOVA SCOTIA



COPD as a Health Issue and Priority

- The Nova Scotia government currently does not have any recognized funding for COPD. The chronic disease funds available are typically dedicated to diet, obesity and heart disease. The Nova Scotia Lung Association does not have a partnership with the provincial government on any COPD-related initiatives at this time, although it has expressed interest in exploring this in the future. Home oxygen programs are fully funded by the provincial government as are smoking cessation programs.
- Nova Scotia has the lowest smoking rate of all the Atlantic Provinces although, at 20%, it is no better than the national average. The COPD hospitalization rate is fairly high (1,142 per 100,000).

Public Awareness and Attitudes

- Awareness of Chronic Obstructive Pulmonary Disease in Nova Scotia is 59%. This is above average compared to the rest of the country.
- Nova Scotians are the most sympathetic towards smokers: 28% (the lowest proportion in the country) say that someone who smokes deserves whatever disease they get.
- 97% of people in Nova Scotia say that COPD patients should have access to the best available medication.

Physician Awareness, Attitudes and Familiarity with CTS Guidelines*

- Most Atlantic physicians feel very comfortable with managing COPD (75%) and a majority are very knowledgeable about COPD symptoms (75%). These figures are similar to the national average.
- 25% of physicians admit to discriminating against smokers in terms of quality of healthcare, the highest proportion in the country.
- 85% of physicians in Atlantic Canada are familiar with the CTS guidelines, similar to the national average.

Access to and Use of Spirometry

- 70% of physicians report access to spirometry, which is below the national average.
- 10% of physicians have used spirometry to diagnose COPD and 10% of physicians are comfortable with interpreting the results. Both the use and the comfort figures are the lowest in Canada.

Physician Prescribing Habits and Access to COPD Medications

- 45% of physicians follow CTS guidelines most of the time when prescribing medications to their COPD patients; 10% all of the time.
- Almost all doctors (95%) say they are unable to prescribe the best COPD treatments available because of the current medical reimbursement environment.
- The provincial formulary in Nova Scotia does not reflect the recommendations of the CTS guidelines. It does not fully list the recommended medications including the first-line long-acting bronchodilator maintenance therapies, specifically the long-acting beta₂-agonist and the long-acting anticholinergic.

Recommendation and Use of Non-Medication Interventions

- In Atlantic Canada, 70% of physicians say they have recommended pulmonary rehabilitation to their COPD patients.
- There are two pulmonary rehabilitation facilities in Nova Scotia, providing two programs.
- All physicians recommend that their COPD patients quit smoking.

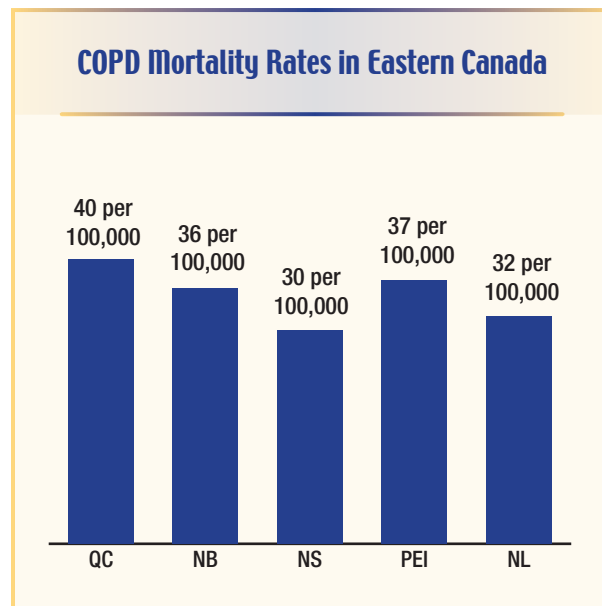
* Responses of physicians in New Brunswick, Nova Scotia, Prince Edward Island and Newfoundland & Labrador were combined for statistical purposes.

Key Strengths

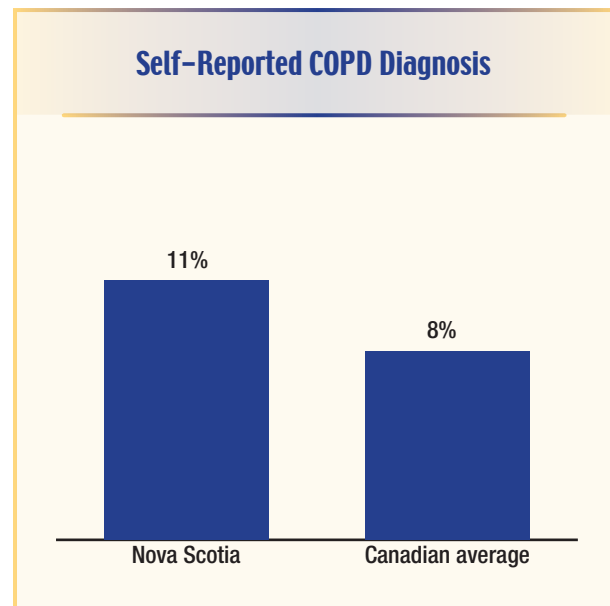
- High public awareness (59%) of COPD.
- Lowest smoking rate (20%) in Atlantic Canada.
- Lowest mortality rate (30 per 100,000) in Atlantic Canada.

Gaps

- Highest rate (11%) of self-reported COPD diagnosis in Canada.
- Highest proportion of physicians in Canada (25%) who admit to providing inferior care to COPD patients who smoke.
- Incomplete formulary listing, according to the CTS recommendations.
- Just 55% of physicians follow CTS guidelines at least most of the time when prescribing medication.
- While 70% of Atlantic physicians have access to spirometry, only 10% use it as a diagnostic tool.
- The pulmonary rehabilitation capacity in Nova Scotia is currently too low.



Source: Canadian Institute for Health Information, 2001



Source: Leger Marketing Poll, Sept. 2005, n=2,568

CALL TO ACTION

- **Prioritize COPD in healthcare by developing a provincial strategy with funding allocated specifically for COPD.**
- **Implement public awareness and education initiatives about COPD risks, symptoms and treatments.**
- **Improve pulmonary rehabilitation capacity by increasing funding to rehab programs.**
- **Provide patient reimbursement through the provincial drug plan to reflect the CTS guidelines.**
- **Expand training of physicians for better utilization of spirometry.**



PRINCE EDWARD ISLAND



COPD as a Health Issue and Priority

- While the PEI government does not specifically have any programs dedicated to COPD, it does provide a home oxygen program that covers 50% of the costs – this was primarily set up for people with COPD. Beyond private industry, the PEI Lung Association is the only organization providing support for people in the province with COPD. The provincial government funds smoking cessation and prevention programs.
- PEI has an average smoking rate (21%) and an average COPD hospitalization rate (990 per 100,000). However, its COPD mortality rate is considerably higher than average (37 per 100,000).

Public Awareness and Attitudes

- Awareness of Chronic Obstructive Pulmonary Disease in PEI is 60%. This is the highest awareness in the country.
- People from PEI are more sympathetic towards smokers than the national average: 35% say that someone who smokes deserves whatever disease they get.
- 97% of people in PEI say that COPD patients should have access to the best available medication.

Physician Awareness, Attitudes and Familiarity with CTS Guidelines*

- Most Atlantic physicians feel very comfortable with managing COPD (75%) and a majority are very knowledgeable about COPD symptoms (75%). These figures are similar to the national average.
- 25% of physicians admit to discriminating against smokers in terms of quality of healthcare, the highest proportion in the country.
- 85% of physicians in Atlantic Canada are familiar with the CTS guidelines, similar to the national average.

Access to and Use of Spirometry

- 70% of physicians in Atlantic Canada report access to spirometry, which is below the national average.
- 10% of physicians have used spirometry to diagnose COPD and 10% of physicians are comfortable with interpreting the results. Both the use and the comfort figures are the lowest in Canada.

Physician Prescribing Habits and Access to COPD Medications

- 45% of physicians follow CTS guidelines most of the time when prescribing medications to their COPD patients; 10% all of the time.
- Almost all doctors (95%) say they are unable to prescribe the best COPD treatments available because of the current medical reimbursement environment.
- The provincial formulary in PEI does not reflect the recommendations of the CTS guidelines with respect to first-line maintenance therapies. It does not fully list the recommended first-line long-acting beta₂-agonist and does not currently list the first-line long-acting anticholinergic.

Recommendation and Use of Non-Medication Interventions

- In Atlantic Canada, 70% of physicians say they have recommended pulmonary rehabilitation to their COPD patients.
- There are no pulmonary rehabilitation facilities in PEI.
- All physicians recommend that their COPD patients quit smoking.

* Responses of physicians in New Brunswick, Nova Scotia, Prince Edward Island and Newfoundland & Labrador were combined for statistical purposes.

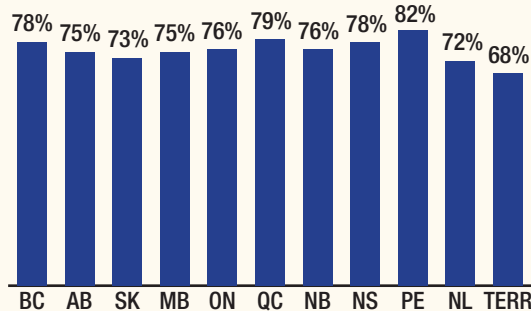
Key Strengths

- Highest public awareness (60%) of Chronic Obstructive Pulmonary Disease in Canada.
- Highest public awareness (82%) of COPD symptoms in Canada.
- Lowest COPD hospitalization rate (990 per 100,000) in Atlantic Canada.

Gaps

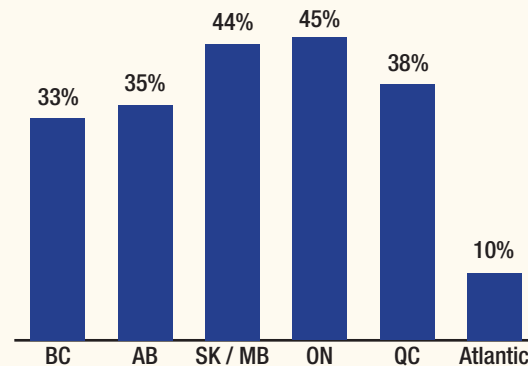
- According to half of Atlantic physicians (50%), their provincial government is not making COPD a healthcare priority.
- Highest proportion of physicians in Canada (25%) who admit to providing inferior care to patients who smoke.
- Incomplete formulary listing, according to the CTS recommendations.
- Just 55% of physicians follow CTS guidelines at least most of the time when prescribing medication.
- While 70% of Atlantic physicians have access to spirometry, only 10% use it as a diagnostic tool.
- There is currently no pulmonary rehabilitation capacity in PEI.

Awareness of COPD Symptoms Across Canada



Source: Leger Marketing Poll, Sept. 2005, n=2,568

Use of Spirometry as a Diagnostic Tool



Source: Leger Marketing Physician Poll, Sept. 2005, n=252

CALL TO ACTION

- **Prioritize COPD in healthcare by developing a provincial strategy with funding allocated specifically for COPD.**
- **Implement public awareness and education initiatives about COPD risks, symptoms and treatments.**
- **Create pulmonary rehabilitation capacity by providing funding for rehab programs.**
- **Provide patient reimbursement through the provincial drug plan to reflect the CTS guidelines.**
- **Expand training of physicians for better utilization of spirometry.**



NEWFOUNDLAND & LABRADOR



COPD as a Health Issue and Priority

- The Newfoundland & Labrador government has not allocated any funds for COPD. The Newfoundland & Labrador Lung Association is currently in the process of developing a provincial strategy for the prevention and management of COPD that it will present to government. The federal and provincial governments fund smoking cessation and prevention programs, and home oxygen programs are covered with varying degrees of access.
- The smoking rate is high in Newfoundland & Labrador at 22%. Both the COPD hospitalization rate (1,119 per 100,000) and mortality rate (32 per 100,000) are higher than average.

Public Awareness and Attitudes

- Awareness of Chronic Obstructive Pulmonary Disease in Newfoundland & Labrador is 54%. This is similar to the national average.
- People of Newfoundland & Labrador are more sympathetic towards smokers than the national average: 35% say that someone who smokes deserves whatever disease they get.
- 99% of people in Newfoundland & Labrador say that COPD patients should have access to the best available medication.

Physician Awareness, Attitudes and Familiarity with CTS Guidelines*

- Most Atlantic physicians feel very comfortable with managing COPD (75%) and a majority are very knowledgeable about COPD symptoms (75%). These figures are similar to the national average.
- 25% of physicians admit to discriminating against smokers in terms of quality of healthcare, which is the highest proportion in the country.
- 85% of physicians in Atlantic Canada are familiar with the CTS guidelines, similar to the national average.

Access to and Use of Spirometry

- 70% of physicians in Atlantic Canada report access to spirometry, which is below the national average.
- 10% of physicians have used spirometry to diagnose COPD and 10% of physicians are comfortable with interpreting the results. Both the use and the comfort figures are the lowest in Canada.

Physician Prescribing Habits and Access to COPD Medications

- 45% of physicians follow CTS guidelines most of the time when prescribing medications to their COPD patients; 10% all of the time.
- Almost all doctors (95%) say they are unable to prescribe the best COPD treatments available because of the current medical reimbursement environment.
- The provincial formulary in Newfoundland & Labrador does not reflect the recommendations of the CTS guidelines. It does not fully list the recommended maintenance medications, the long-acting beta₂-agonist and the long-acting anticholinergic.

Recommendation and Use of Non-Medication Interventions

- In Atlantic Canada, 70% of physicians say they have recommended pulmonary rehabilitation to their COPD patients.
- There are no pulmonary rehabilitation facilities in Newfoundland & Labrador.
- All physicians recommend that their COPD patients quit smoking.

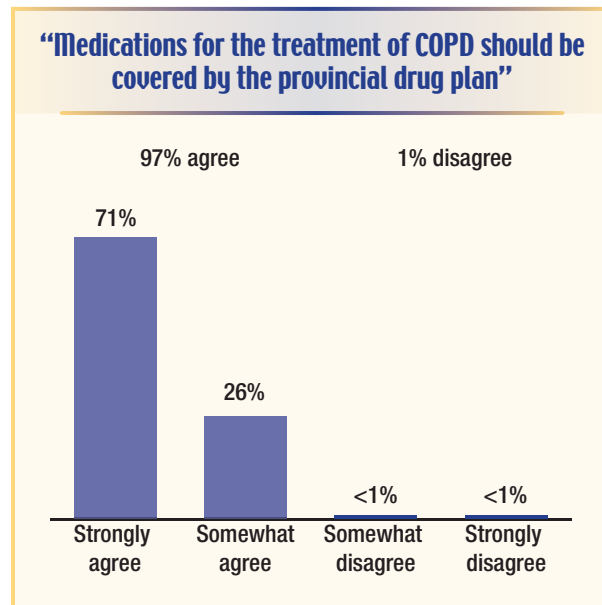
* Responses of physicians in New Brunswick, Nova Scotia, Prince Edward Island and Newfoundland & Labrador were combined for statistical purposes.

Key Strengths

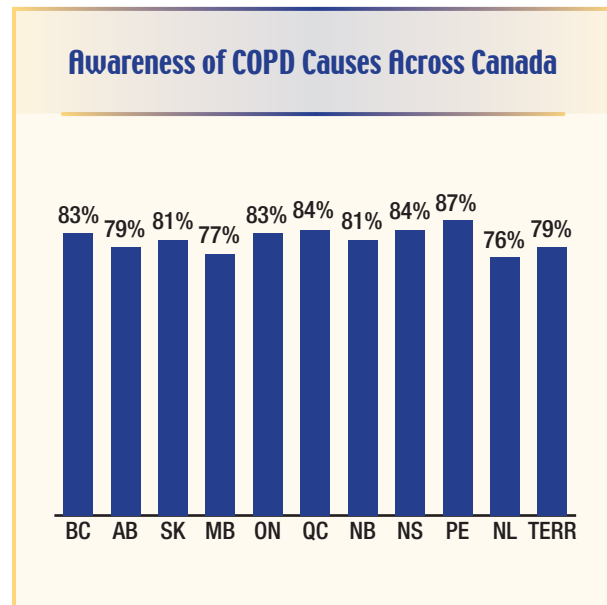
- Public support for including COPD medication in provincial drug plan is nearly unanimous (97%).
- 75% of Atlantic physicians feel comfortable with managing COPD.

Gaps

- Smoking rate (22%) is high.
- Low public knowledge of COPD symptoms and causes – 28% and 24% failed to name a single symptom or cause, respectively.
- Highest proportion of physicians in Canada (25%) who admit to providing inferior care to COPD patients who smoke.
- Incomplete formulary listing, according to the CTS recommendations.
- Just 55% of physicians follow CTS guidelines at least most of the time when prescribing medication.
- While 70% of Atlantic physicians have access to spirometry, only 10% use it as a diagnostic tool.
- There is currently no pulmonary rehabilitation capacity in Newfoundland & Labrador.



Source: Leger Marketing Poll, Sept. 2005, n=2,568 (2% don't know)



Source: Leger Marketing Poll, Sept. 2005, n=2,568

CALL TO ACTION

- **Prioritize COPD in healthcare by developing a provincial strategy with funding allocated specifically for COPD.**
- **Implement public awareness and education initiatives about COPD risks, symptoms and treatments.**
- **Create pulmonary rehabilitation capacity by providing funding for rehab programs.**
- **Provide patient reimbursement through the provincial drug plan to reflect the CTS guidelines.**
- **Expand training of physicians for better utilization of spirometry.**
- **Increase funding for smoking cessation and prevention programs.**



THE TERRITORIES



COPD as a Health Issue and Priority

- The Alberta Lung Association services the Northwest Territories with tobacco reduction programs for youth.
- The smoking rate in the Territories is extremely high at 33%. The Territories also have by far the highest COPD hospitalization rate (2,625 per 100,000) and COPD mortality rate (66 per 100,000) in the country. In fact, these rates are significantly worse than any other province.

Public Awareness and Attitudes

- Awareness of Chronic Obstructive Pulmonary Disease in the Territories is 45%. This is below average compared to the rest of the country.
- Attitudes towards smokers in the Territories are not very sympathetic: 49% say that someone who smokes deserves whatever disease they get.
- Nevertheless, 93% of people in the Territories say that COPD patients should have access to the best available medication.

Physician Awareness, Attitudes and Familiarity with CTS Guidelines

- There are a limited number of physicians in the Territories and, as such, not enough were interviewed to make statistical inferences. However, some anecdotal evidence was gathered.
- Due to the large number of people suffering from COPD in the region, doctors in the Territories appear to know quite a lot about COPD symptoms.
- On the other hand, they do not appear to be very familiar with the CTS guidelines.

Access to and Use of Spirometry

- While limited, physicians in the Territories do have some access to spirometry and use it as a diagnostic tool.

Physician Prescribing Habits and Access to COPD Medications

- Since the physicians surveyed in the Territories were not very familiar with the CTS guidelines, none was able to say how often they follow the guidelines when prescribing medication to their COPD patients.

Recommendation and Use of Non-Medication Interventions

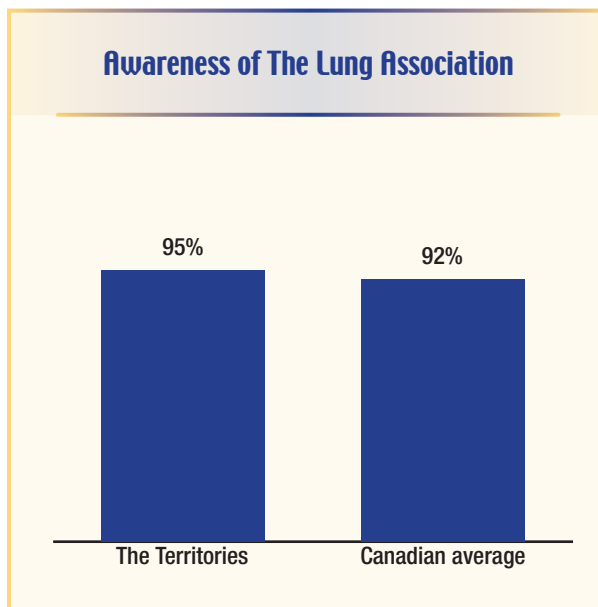
- Physicians in the Territories tend not to recommend pulmonary rehabilitation to their COPD patients.
- There are no pulmonary rehabilitation facilities in the Territories.
- All physicians recommend that their COPD patients quit smoking.

Key Strengths

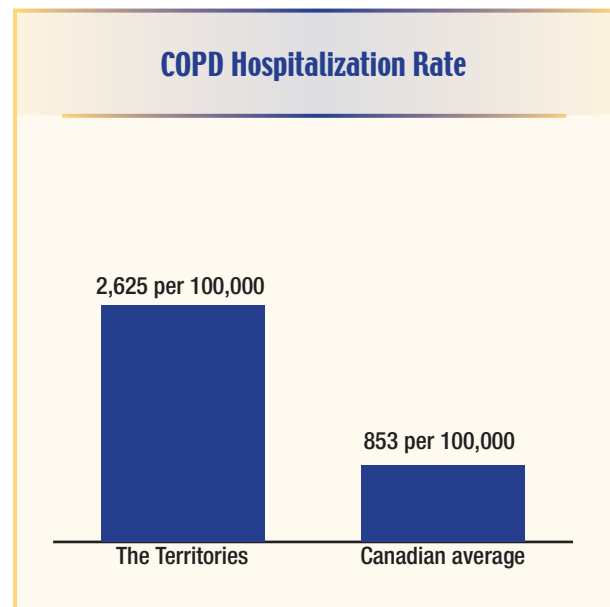
- Testing for COPD seems to start early – most patients are screened before turning 30.
- As a result, patients in the Territories feel they are being diagnosed with COPD early enough to do something about it.
- High awareness of The Lung Association (95%).

Gaps

- Highest smoking (33%), hospitalization (2,625 per 100,000), and mortality (66 per 100,000) rates in Canada.
- Among the lowest levels of public knowledge of COPD symptoms (68%) and causes (79%).
- Low sympathy for smokers – 49% say smokers deserve whatever disease they get.
- There is currently no pulmonary rehabilitation capacity in the Territories.



Source: Leger Marketing Poll, Sept. 2005, n=2,568



Source: Canadian Institute for Health Information, 2001

CALL TO ACTION

- **Prioritize COPD in healthcare by developing a strategy across The Territories with funding allocated specifically for COPD.**
- **Implement public awareness and education initiatives about COPD risks, symptoms and treatments.**
- **Create pulmonary rehabilitation capacity by providing funding for rehab programs.**
- **Provide patient reimbursement to reflect the CTS guidelines.**
- **Expand training of physicians for better awareness of CTS guidelines and utilization of spirometry.**
- **Fund smoking cessation and prevention programs.**



PROVINCIAL COPD GRADING

| | Marks | BC | AB | SK | MB | ON | QC | NB | NS | PE | NL | TERR |
|--|------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Grades | | D+ | D+ | D+ | C+ | B- | C | F | D- | F | F | N/A |
| COPD as a health issue and priority | 20 | 13 | 13 | 12 | 13 | 14 | 11 | 7 | 6 | 8 | 7 | 1 |
| Public awareness and attitudes | 15 | 9 | 6 | 7 | 12 | 9 | 7 | 11 | 13 | 13 | 9 | 4 |
| Physician awareness, attitudes and familiarity with CTS guidelines | 30 | 15 | 15 | 19 | 19 | 24 | 26 | 18 | 18 | 18 | 18 | 13 |
| Access to and use of spirometry | 5 | 3 | 3 | 2 | 2 | 2 | 1 | 0 | 0 | 0 | 0 | 3 |
| Physician prescribing habits and access to COPD medications | 15 | 7 | 11 | 10 | 11 | 13 | 12 | 8 | 8 | 7 | 8 | 11 |
| Recommendation and use of non-medication interventions | 15 | 11 | 9 | 7 | 12 | 11 | 7 | 4 | 6 | 3 | 3 | 0 |
| Total | 100 | 58 | 57 | 57 | 69 | 73 | 64 | 48 | 51 | 49 | 45 | 32 |

