Scope of the Problem:

COPD ranks as the 7th leading cause of death in the Philippines. The prevalence of the COPD in Manila and 2 rural towns in Nueva Ecija is 14 & 21% respectively. Aside from the high rate, it is unfortunate that only 2% of these cases are diagnosed by doctors. Thus there is 12 to 21% under diagnosis of the disease. There is also reason to believe that there is also a high prevalence of under treatment of the disease. Some of the causes of this under diagnosis and under treatment are as follows:

- Lack of public health awareness on COPD particularly:
  - What brings it about/or the risk factors?
  - How it is diagnosed?
- Low awareness on the need for spirometry for diagnosis and the existence of diagnostic and treatment guidelines
- Low availability of spirometer (which is used to screen/ confirm the diagnosis of COPD
- No access to spirometry either from non-availability or non-affordability
- Non-affordable cost of COPD treatment for a significant portion of the population

Inhalation of cigarette smoke is strongly associated with COPD. Use biomass fuel (i.e. firewood/charcoal) for cooking has been accepted as one of the risk factors for the disease. With the high prevalence of tobacco exposure (28.3% & 55% prevalence rate of smoker and second-hand smoke exposure in public transportation) and the continued used of biomass fuel in the rural area, the problem is expected to get worst. By year 2020, it is expected that COPD will be the 3rd leading cause of death worldwide.

References

4. Philippine Global Adult Tobacco Survey 2009

Strategy

1. Proposed Solution to the Problem: To create a national strategy to address the estimated high national prevalence and under diagnosis/under treatment of COPD
2. The national strategy’s main objectives (to be achieved in 2019) are as follows:
   2.1. To determine the prevalence rate of COPD
   2.2. To decrease the prevalence rate of the COPD
2.3. To decrease the rate of under diagnosis of COPD through early detection
2.4. To increase the number of COPD patients treated based on the clinical practice guidelines

3. The specific objectives and interventions are as follows:

3.1. To educate the general population on COPD
   3.1.1. PCCP educates via quad media (television, radio shows, newspapers and world wide web)
   3.1.2. PCCP educates via conducting lay forum
   3.1.3. PCCP educates through distribution of educational materials in the form of
           3.1.3.1. Leaflet/comics
           3.1.3.2. Posters
           3.1.3.3. Posting on the world wide web

3.2. To educate the physicians about tobacco and others risk factors, spirometry & COPD
      (education modules)
   3.2.1. PCCP recommends to the following medical organization to make spirometry test
          interpretation as one of their member’s core skills
           3.2.1.1. Philippine College of Physician (PCP)
           3.2.1.2. Philippine Academy of Family Physician (PAFP)
   3.2.2. PCCP conducts CME modules on tobacco/spirometry/COPD to the different physicians

3.3. To make spirometry readily available throughout the Philippines
   3.3.1. PCCP Chapters implement a mechanism wherein the spirometry testing for free (offered
           by pharmaceutical companies), are rotated efficiently (so it will be properly & maximally
           utilized by the physicians in their area).
   3.3.2. PCCP recommends to DOH to set-up a sustainable spirometry testing facility in its
           hospitals and regional units (GHSPIRO project)
   3.3.2.1. PCCP facilitates the Department of Health (DOH) in setting up spirometry facilities
           in its hospitals. PCCP
           3.3.2.1.1. recommends the spirometer to procure
           3.3.2.1.2. trains the government technician on how to conduct a good quality
                        spirometry test
           3.3.2.1.3. educates the government hospitalist and physicians practicing in the area on
                        the following aspects of spirometry testing:
                        3.3.2.1.3.1. Interpretation
                        3.3.2.1.3.2. Clinical uses of spirometry
   3.3.3. PCCP requests the Philippine Charity Sweepstake Office (PCSO) to donate spirometers to
           the different government hospitals
   3.3.4. PCCP chapters requests their respective local government hospital to have a spirometer
           via
           3.3.4.1.1. Convincing the hospital administrators to procure a spirometer
           3.3.4.1.2. Requesting the local government (mayor & congressman) to donate a
                        spirometer
           3.3.4.1.3. Requesting the local NGO to donate a spirometer
           3.3.4.1.4. Conducting a fund raising event for the procurement of spirometers
3.4. To make the cost of COPD treatment more affordable

3.4.1. PCCP brings down the cost of diagnosis (spirometry testing).

3.4.2. Pharmaceutical companies to market some of the non-readily available off-patent COPD drugs such as but not limited to

3.4.2.1. Long Acting B2 agonist which is the hallmark of therapy: Formoterol, Salmeterol

3.4.2.2. Inhaled Corticosteroids: Beclomethasone (N.B. it will be emphasized in the education module that this is not a standalone drug but should always be used with a LABA)

3.4.3. Pharmaceutical companies to continue providing loyalty scheme for COPD drugs with existing patent.

3.4.4. Philippine Health Insurance Corporation (PHIC) includes pulmonary rehabilitation as reimbursable under the COPD case rate.

3.4.5. PCCP chapters to have at least one pulmonary rehabilitation unit in their area.

3.5. To conduct research studies (such as the Philippine COPD Profile and Survival Study) on how to better implement the PCCP National Strategy for COPD: The data from these studies will answer specifically the following questions:

3.5.1. How to increase the survival rate of COPD patients in the Philippine setting?

3.5.2. How to increase the understanding of the general population of COPD/ Spirometry/ Smoking Cessation?

3.5.3. How to increase doctor and patient compliance with the clinical practice guidelines?

3.5.4. How to modify the Global initiative against Chronic Obstructive Lung Disease (GOLD) document so it will be best applicable in the local setting?

4. Outcome Measures

4.1. Primary Outcome Measures

4.1.1. Department of Health Statistics

4.1.1.2. WHO Statistics

4.1.1.3. COPD registry

4.1.2. Secondary Outcome Measures

4.1.2.1. Quantity/ Quality (based on survey results) of lay forum

4.1.2.2. Quantity of guesting in TV shows / Radio shows

4.1.2.3. Quantity of posters printed and distributed

4.1.2.4. Quantity of doctors who attended education modules & passed the post test

4.1.2.5. Quantity of doctors who followed the guidelines

4.1.2.6. Quantity of government hospitals with a spirometer

4.1.2.7. Quantity of sites wherein on loan to PCCP spirometers was rotated

4.1.2.8. Quantity of spirometry testing done by the on loan to PCCP spirometers

4.1.2.9. Quantity of participants and enrollees in the National COPD Registry

4.1.2.10. Quantity of research output of the National COPD Registry

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