

# European Respiratory Society Annual Congress 2013

**Abstract Number:** 454

**Publication Number:** P2023

**Abstract Group:** 1.1. Clinical Problems

**Keyword 1:** Asthma - management **Keyword 2:** Chronic disease **Keyword 3:** No keyword

**Title:** The impact of a specialist multi-disciplinary approach to difficult asthma on healthcare outcomes in a district hospital

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**Body:** Background: Guidelines advise that patients with Difficult Asthma are managed by an experienced Specialist Multidisciplinary Team (MDT). That often requires referral to a Tertiary Centre. Can such care address Difficult Asthma in a District Hospital (DGH) setting? Aim: To assess impact on healthcare utilization (HCU) of creating DGH outpatient access to a Difficult Asthma MDT. Methods: A Difficult Asthma MDT was created in a pre-existing DGH Allergy Clinic. This included Consultant, Nurse Specialist, Dietitian and Respiratory Physiotherapist. Retrospective study of referred patients (n= 19) compared HCU for the 12-months prior to referral against the 12-month period that followed being under the MDT for 6-months. Measures assessed included Accident & Emergency (A&E) use, General Physician (GP) visits, Inpatient (IP) days and Intensive Care (ITU) admissions. Results: All patients were on BTS Step 4/5 treatment at referral (mean age 51.9 years, 73.3% female and 68.4% atopic). High asthma associated Secondary HCU costs were present at baseline. After being under the MDT for 18 months, (mean follow-up every 4.1 months) there was a 50.4% reduction in mean annual GP asthma visits (from 5.63 to 2.79), 68.8% reduction in mean annual asthma A&E visits (from 1.6 to 0.5), 80.4% reduction in mean annual asthma IP days (from 5.6 to 1.1) and a 100% reduction in mean annual asthma ITU days (from 1.6 to 0). Estimated savings for reduced Secondary Care asthma usage were £67,265.74 for the 12-month observation period. Conclusion: An MDT approach can be successfully applied to Difficult Asthma patients in a DGH setting leading to significantly reduced HCU and associated costs.