

## Chile's de-medicalised programme for ACRD at the primary care level: Impact on asthma control

The mortality rate for chronic respiratory diseases in Chile was 21/100,000 inhabitants in 2008 with a DALY of 567 attributed to the same cause. Therefore, a programme using Primary Health Care Centers (PHCCs) for the outpatient management of Adult Chronic Respiratory Disease (ACRD) was launched in 2001.

*ACRD patients have access, free of charge, to spirometry and treatment.*

### Developing the ACRD Programme

To implement the ACRD Programme, practical clinical guides based on evidence and international consensus were developed for bronchial asthma, chronic obstructive pulmonary disease (COPD) and community-acquired pneumonia (CAP). Local teams consisting of a nurse, a physiotherapist and a part-time general physician were trained to take care of patients following predefined criteria and specific algorithms.

Drugs are ordered centrally at a national level, providing a significant economy of scale. A patient's level of asthma control is assessed using a five-point scale combining clinical and functional scores based on pre- and post-bronchodilator peak flow (PEF) evaluation. Patients with inadequate asthma control, important complications or co-morbidities are referred to the secondary health care level.

### From 15 to 534 participating PHCCs in a decade

The ACRD Programme has grown from 15 participating PHCCs in 2001 to 534 by 2010. Their coverage exceeds 85% of the population who use the public health system. In December 2010, the Programme was serving 136,000 asthmatics, 24.5% of them under 10 years old. A random sample of 1,200 patients showed 87% had good treatment adherence. Acceptable asthma control scores and PEF measurements were achieved by 84%, and only 1.9% were referred to the secondary level.



### Asthma mortality dropped 26.9%

Although the use of hospital beds for asthma patients remained stable at an average of 3/1000 inhabitants per year, mortality decreased by 26.9% (from 1.7 to 1.2/1000.000) when comparing 1990–2000 with 2001–2007, the first years of the ACRD Programme.

The National ACRD Programme has taken a de-medicalised, primary health care level approach to asthma, and it has had a significant impact in Chile: reducing mortality, obtaining good treatment adherence, and achieving control for most patients' asthma, with limited referral to secondary-level facilities.