Box 11: Reducing hospital utilisation: current level I and II evidence from COPD-X

Intervention	Demonstrated impact	Effect estimate	Where to find it
	Level I		
LAMAs	"LAMAs had reduced exacerbation ratesand exacerbation-related hospitalisations compared to LABAs" NB: most participants in this analysis had <u>Tiotropium</u> as their LAMA	22% improvement (RR 0.78, 95% CI 0.69 to 0.87)	01.2.1 <i>Maia</i> 2017
Tiotropium	" tiotropium reduced the odds of a COPD exacerbation and related hospitalisations compared to placebo or ipratropium."	36% improvement (OR 0.64, 95% CI 0.51 to 0.82 NNT 30, 95% CI 22 to 61)	P5.1 <i>Barr</i> 2005
	" tiotropium was more effective in preventing COPD exacerbations leading to hospitalisation [compared to a range of other LABAs]"	14% improvement (OR 0.86, 95% CI 0.79 to 0.93)	P5.2 <i>Chong</i> 2012
Aclidinium	"Aclidinium resulted in marginal improvements in quality of life and FEV1, and reduced the number of patients with exacerbations requiring hospitalisation"	NNT 77, 95% CI 51 to 233	01.2.1 Ni 2014
Systemic corticosteroids	" systemic corticosteroids reduce treatment failure (defined as additional treatment, hospital admission/re-admission for index episode, return to emergency department, unscheduled physician visit for the index episode), improve lung function, shorten recovery and reduce the severity of exacerbations of COPD reduced the risk of treatment failure by over half compared with placebo in median treatment duration 14 days"	52% improvement (OR 0.48, 95% CI 0.35 to 0.67 NNT 9)	X2.2.2 Walters 2014
Non-invasive ventilation	"The use of NIV reduces hospital length of stay."	MD -3.39 days , 95% CI -5.93 to -0.85	X3.2 Osadnik 2017

Intervention	Demonstrated impact	Effect estimate	Where to find it
	Level I		
Hospital at home	" compared to standard care, participants allocated to hospital in the home were significantly less likely to be readmitted to hospital within the next 1 to 6 months."	24% improvement (RR 0.76, 95% CI 0.59 to 0.99)	X1 Jeppesen 2012
Multi-faceted care plans	" integrated disease management programs defined as 'a group of coherent interventions designed to prevent or manage one or more chronic conditions using a systematic, multidisciplinary approach and potentially employing multiple treatment modalities.' found positive effects on disease-specific QoL exercise tolerance, hospital admissions and hospital days per person "	Admissions: 32% improvement (OR 0.68, 95% CI 0.47 to 0.99 NNT 15) Length of stay: MD -3.78 days, 95% CI -5.90 to -1.67	D Kruis 2013
Pulmonary rehabilitation	"Pulmonary rehabilitation also reduced hospital readmissions."	56% improvement OR 0.44, 95% CI 0.21 to 0.91	X3.6 Puhan 2016
Intervention	Demonstrated impact	Effect estimate	Where to find it
	Level II		
LAMA/LABA/ICS (umeclidinium/ vilanterol/ fluticasone furoate)	"In selected COPD patients with a history of exacerbations there was a 34% reduction in admissions with triple therapy using a single inhaler (fluticasone [ICS], vilanterol, umeclidinium – IMPACT study), as well as other benefits, regardless of baseline bronchodilator responsiveness, compared to dual therapy (no ICS), and with even greater benefits in some outcomes demonstrated in those with high eosinophil counts (>150 cells/ microlitre)."	34% improvement (RR 0.66, 95% CI 0.56 to 0.78)	O4.2 Lipson 2018
Airway clearance techniques	"The use of ACTs was associated with a significant short-term reduction in the need for increased ventilatory assistance duration of ventilatory assistanceand hospital length of stay ."	MD - 0.75 days , 95% CI -1.38 to -0.11	X3.4

Intervention	Demonstrated impact	Effect estimate	Where to find it
	Level II		
Discharge bundles	" the use of COPD discharge bundles reduced hospital readmissions"	20% improvement (RR 0.80, 95% CI 0.65 to 0.99)	X3.7 Ospina 2017
Supported discharge programs & medication	"has been shown to reduce re-admissions for COPD exacerbations compared to usual care"	45% improvement (HR 0.55, 95% CI 0.35 to 0.88)	X3.8 <i>Casas</i> 2006
adherence	"Adherence to inhaled medications regimes is associated with reduced risk of death and admissions to hospital due to exacerbations in COPD"	44% improvement (RR 0.56, 95% CI 0.48 to 0.65)	O Vestbo 2009