

ASTHMA IS THE THIRD MOST COMMON DISEASE IN CANADA



Approximately **3.8 million Canadians live with asthma**
On average, **317 Canadians are diagnosed with asthma every day**



Asthma is the **most common chronic disease among children** and continues to be a **major reason for hospitalization** for children in Canada

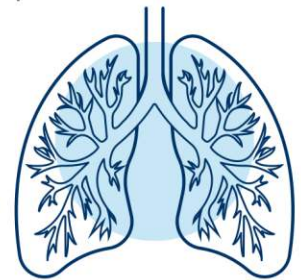
Asthma is

40%

more prevalent among First Nations, Inuit, and Metis communities than in the general Canadian population



Severe Asthma is defined as *continued asthma symptoms, frequent worsening of asthma symptoms, and attacks among patients who take multiple asthma medicines with a high-degree of compliance and good trigger management.* **Severe Asthma impacts between 150,000 to 250,000 Canadians.**



The direct costs of asthma, including hospitalization, health services and medication and indirect costs **are estimated at \$2.1 billion annually and is expected to climb to \$4.2 billion annually by 2030.**



Asthma often affects quality of life, as it results in time away from school, work, or other activities. **Asthma is the leading cause of absenteeism from school and one of the leading causes of work loss through both absenteeism and presenteeism.**



Common Misconceptions

Everyone that has asthma is the same.

FALSE. Asthma is a variable disease which means it varies from one person to another, both in its severity and treatment.

I feel better after I take my medication for a while so now, I can stop taking them.

FALSE. You need to understand that your medications are doing their job, which is why you are feeling better. If you stop taking them, the airway inflammation may return.

Asthma cannot be cured.

TRUE. There is currently no cure for asthma but there are safe, effective ways to control your asthma so that you can live a normal, active, symptom-free life.

Asthma is all in your head.

FALSE. Asthma is not imagined or faked. Asthma occurs because you have airway inflammation and bronchoconstriction in your airways. Stress, crying, yelling and laughing can all trigger asthma symptoms if your asthma is poorly controlled, possibly leading to an asthma attack.

What does the asthma community need?

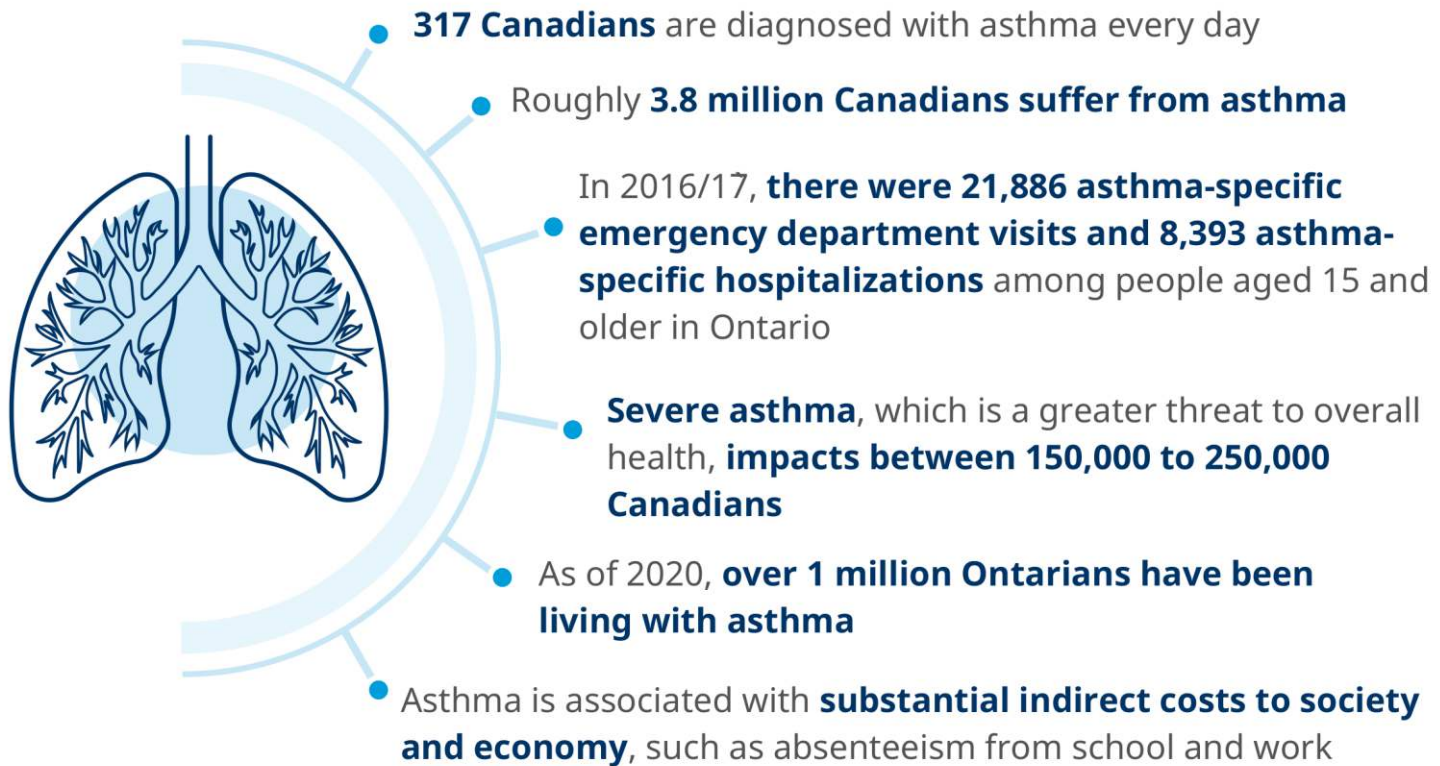
- System and policy level change to ensure patients have access to seamless care pathways.
- Access to education and interventions in certain cases, such as, when patients overuse their oral steroids, can improve self-management.

How you can help your constituents

- 1 Raise awareness among your caucus colleagues and have a conversation with the Minister of Health.
- 2 Share information from this document to challenge misconceptions about asthma.
- 3 Encourage your constituents to follow Asthma Canada to access resources and tools to improve their self-management.

IMPROVING CARE PATHWAYS FOR ONTARIANS LIVING WITH ASTHMA

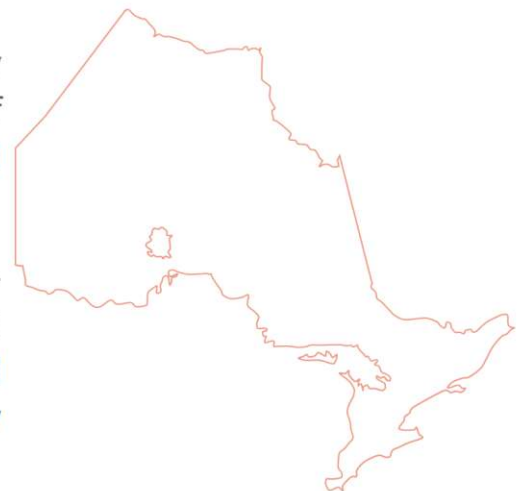
Asthma is the third most common chronic disease in Canada
Ontario spends approximately \$1.8 billion CAD per year



The **policy tools** to support people living with severe and uncontrolled asthma **already exist** – what **we need is better implementation of these practices**

OUR CHALLENGES

- Many Ontarians living with asthma are utilizing primary and emergency care services due to exacerbation of symptoms when **they should be accessing specialized care.**
- **Ontarians are overusing their SABA** (short-acting beta-agonist) or rescue inhalers, indicating their asthma is not controlled, **which leads to more attacks and need for health system support, including emergency department visits**





WORKING TOGETHER TOWARDS A SOLUTION

- Quality standards – or best practices based on evidence and expert consensus – already exist for asthma patients in Ontario. What we need is more **consistent implementation of these standards across primary and community care**.
- We also need to do more to **recognize severe asthma** as a distinct condition and stop normalizing uncontrolled asthma. **Severe asthma is a life-threatening condition that can affect a patient’s entire life** by forcing them to make unwanted changes to their daily activities. Those who have severe asthma experience frequent flare-ups and severe worsening of asthma symptoms despite taking multiple high-dose inhalers.
- Patients with severe asthma need **timely and straightforward referrals to specialist care** when their condition can’t be managed in primary care.



RECOMMENDATIONS

As Minister of Health and Deputy Premier, you play an integral role in supporting Ontarians through every step of their health journey, particularly in their journey through the health system.

To support the Ontarians living with asthma we ask that you and your government:



Implement the Ontario Health Quality Standards for Asthma, with an initial focus on referral pathways to specialist care.



Empower and reimburse **pharmacists to play an active role** in providing a SABA over-reliance check while also working with patients and primary care providers to reconcile safe medication use. **This community-level intervention can help people with asthma to stay out of hospital for avoidable exacerbations.**



Invest in training and fund the use of more certified respiratory educators (CREs) CREs can provide follow-up assessments and care to asthma patients after an emergency room visit.



Increase access to appropriate therapies for appropriate patients. **Ontario’s paediatric patients face more challenges than other Canadian jurisdictions in accessing biologic treatments for severe asthma.**



Additional Resources:

1. World Health Organization. (2022). Asthma. Retrieved November 2022, from: <https://www.who.int/en/news-room/fact-sheets/detail/asthma>.
2. Public Health Agency of Canada. (2019). Asthma and Chronic Obstructive Pulmonary Disease (COPD) in Canada, 2018. Retrieved November 2022, from <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/asthma-chronic-obstructive-pulmonary-disease-canada-2018.html>.
3. HQO, Asthma Quality Standard <https://www.hqontario.ca/Portals/0/documents/evidence/quality-standards/qs-asthma-in-adults-quality-standard-en.pdf>.
4. HQO, Asthma Quality Standard <https://www.hqontario.ca/Portals/0/documents/evidence/quality-standards/qs-asthma-in-adults-quality-standard-en.pdf>.
5. Ontario Asthma Surveillance Information System (OASIS). (2021). OASIS : Asthma Infographic. Retrieved November 2022, from: <http://lab.research.sickkids.ca/oasis/oasis-statistics/>.
6. Government of Canada. (2022) Asthma, by age group. Retrieved November 2022, from: <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?id=1310009608&pickMembers%5B0%5D=1.7&pickMembers%5B1%5D=3.1&cubeTimeFrame.startYear=2020&cubeTimeFrame.endYear=2021&referencePeriods=20200101%2C20210101>
7. Ontario Health. (2020). Quality Standards: Asthma Care in the Community for People 16 Years of Age and Older. Retrieved November 2022 from: <https://www.hqontario.ca/Portals/0/documents/evidence/quality-standards/qs-asthma-in-adults-quality-standard-en.pdf>.
8. Ontario Health. (2020). Quality Standards: Asthma Care in the Community for People Under 16 Years of Age. Retrieved November 2022 from: <https://www.hqontario.ca/Portals/0/documents/evidence/quality-standards/qs-asthma-in-children-and-adolescents-quality-standard-en.pdf>