What is access?

Access to healthcare services is twofold: it means existence of good quality care for patients, but also their affordability.

Good quality care should be:

(1) **Available to all patients:** patients need to have access to health care (including specialised services) in their country. In the European Union, there is a need to reduce health inequalities between and within Member States. The WHO Europe region states the increase of chronic diseases is affecting poorer and disadvantaged people in disproportionate measure, hence widening the afore-mentioned differences and health inequalities (http://www.euro.who.int/__data/assets/pdf_file/0006/140739/NCD_Mtg_Oslo_Apr2011_SumRep.pdf). In particular, 90% of COPD as well as most asthma-related deaths occur in low- and lower-middle income countries (http://www.who.int/topics/chronic_diseases/en/).

(2) Adequate: adequacy refers to quality of care. It should be constantly adapted to the needs of patients. Care should be constantly adapted to the needs of patients.

(3) Accessible: from the patients' perspective the treatment is accessible throughout all stages of their care: starting from preventive/health promotion services and early diagnosis and including non-medical support.

(4) Appropriate: services should be relevant to the health needs of different populations or groups, healthcare needs to be inclusive.

Affordable: As far as affordability of medicines and medical devices is concerned, although pricing and reimbursement is a Member States' competency, at the EU level prices should be fair and not discriminate patients living in the poorest regions. Health inequalities may be tackled by the EU cohesion policy and its objective of economic and social cohesion between and among Member States of the EU. Health was listed as a priority for the Structural Funds in 2007 for the first time. As a consequence, for the period 2007-2013, MSs have allocated around 5 billion EUR (1.5% of the total available) from the funds in the category "Health Infrastructure" (http://ec.europa.eu/health/ph_overview/Documents/strategy_wp_en.pdf).

A detailed definition of access was provided by Penchansky and Thomas (1981): Penchansky R, Thomas JW "The concept of access: definition and relationship to consumer satisfaction"
Med Care. 1981 Feb; 19(2): 127-40. http://www.ncbi.nlm.nih.gov/pubmed/7206846/
And then this concept was subsequently readapted by the Patient Access Partnership (PACT): http://www.eupatientaccess.eu/page.php?i_id=19

1910 Inequity by disease

Respiratory allergy is a highly prevalent disease, affecting more than 20% of Europeans. Although the burden of respiratory allergies is not adequately recognized by governments, decision-makers, healthcare workers and often the patients themselves. Often allergy is underdiagnosed: up to 45% of allergy patients have never received a diagnosis. There is a strong need of changing the perspective on allergy as on a "trivial" disease, as well as increase of healthcare professionals' knowledge on allergies. Early detection is important to avoid the so-called "allergic march" (a sequence of increasing sensitisation to allergens and manifestation of allergic symptoms: food allergy, atopic eczema, other types of allergies) to help people manage and control their respiratory allergy.

(http://www.efanet.org/documents/EFABookonRespiratoryAllergiesFINAL.pdf). – the link doesn't work and all the other links on our website to the book – are not applicable as well

Access to chronic obstructive pulmonary disease (COPD) care greatly differs in costs across Europe. In 2014, EFA circulated a survey among its members and it came out that in all 19 surveyed countries, patients must pay a small fee for some services. However, chronically and severely ill patients are often exempt from paying these fees. Unfortunately, in some countries like Italy and Finland, COPD is not recognised as a chronic disease, thus patients may have some limitations in accessing appropriate care free of charge. Spirometry is not a common practice. In most countries, COPD is diagnosed by pulmonary specialists. General Practioners (GPs) are mainly not aware of the importance of spirometry for early diagnosis of COPD, and they are not actively encouraged to use it, also because they do not receive extra payment for spirometry. In countries where periodical check-ups are promoted, spirometry is not included in the absolute majority of cases, not even for at-risk patients. Access to pulmonary rehabilitation and smoking cessation is unequal. Whereas national associations of healthcare professionals fully recognise rehabilitation as part of the therapeutic programme for COPD patients, often this is not recognised by the healthcare systems. Given that the organisation of rehabilitation centres is often the responsibility of local or regional authorities, this causes disparities in access to pulmonary rehabilitation. Europe is still far from harmonisation of preventive and other healthcare measures for COPD patients and the number of different approaches and mechanisms that European countries use to decide on healthcare is remarkable. We still need to analyse to what extent such a variety of decision-making cultures influences equality at EU level but we know that:

- national health authorities can dramatically reduce COPD deaths and costs by including spirometry as a compulsory test in regular health check-ups. By determining which healthcare level will be doing the spirometry tests and paying the medical professionals accordingly, European countries can make COPD prevention a reality;
- national leaders can avoid duplication and increase efficiency of COPD management by better coordinating all healthcare services involved in COPD care;
- EU countries should encourage and support COPD patients willing to work and that any smoker willing to quit should have free access to smoking cessation programmes;
- scientists have demonstrated that employed patients experience less COPD symptoms due to their active lives compared to those that do not perform any paid activities

5. There are enough health workers, with the right skills, in the right place

In most European countries, allergology is not recognised as a specialisation and therefore allergies are often dealt with in primary care. However, due to low education of primary care physicians on allergy issues, patients often receive a late diagnosis and not always the appropriate treatment in line with the most recent international evidence-based guidelines. Due to the lack of appropriate diagnosis, many patients turn to alternative medicine for a cure. This is particularly true for food allergy, as it is poorly understood amongst general practitioners. In worst cases, this could lead to inappropriate diagnosis and malnutrition of children in their growth period.

Allergology involves a number of specialties (such as lung, skin, gastro, ear-nose-throat, clinical nutrition, physiotherapy, podiatry, occupational allergy, etc.), which must work collaboratively

together. Such collaboration needs to be enforced through interdisciplinary medical centres across the EU and its Member States. Only then would we:

- ensure early diagnosis, appropriate treatment and an holistic health service for the increasing number of patients with complex disease manifestations (allergies with multiple organ manifestations), both in regards to children and adults;
- provide patients with new hypersensitive conditions (e.g. multiple chemical sensitivity) with an appropriate diagnosis and treatment;
- avoid patients seeking to unserious practitioners within alternative medicine;
- give patients with drug allergy a qualified service;
- ensure early diagnosis and an appropriate treatment plan for people with occupational allergies and asthma, who in many instances today are detected too late for a recovery.

Nurses and pharmacists could potentially play an important role in promoting early diagnosis since both these groups of health care professional encounter people who believe to have allergies, without having received a proper diagnosis.

Ensuring equitable access: EU and member state responsibilities and responses

Currently in Europe asthma affects 30 million people under 45 years of age, and its burden is estimated at more than 70 billion Euro annually. Moreover, with a prevalence of 9.4%, asthma is considered the most common chronic disease in children in the EU. the implementation of regional and national programmes as well as the introduction of guidelines in the healthcare system have proven to reduce the burden of asthma, especially in terms of patients' quality of life, asthma-related deaths, hospitalizations, sick-leave and disability pension. EFA, in the framework of the EARIP project (www.earip.eu), conducted a literature review aimed at identifying national asthma programmes implemented in Europe and at highlighting key success factors that could be adopted in other contexts. The analysis of 8 national asthma programmes made clear the following characteristics are crucial when developing asthma programmes/guidelines:

- Improving early diagnosis and introduction of first-line treatments with anti-inflammatory medications
- Improving long-term disease control
- Introducing simple means for guided self-management
- Providing effective education and networking (GPs, nurses, pharmacists
- Establishing systematic approach (motivation, organization)
- All main stakeholder must be represented, including NGOs and patient organizations

In doing so, a change of mind-set in the EU Member States is needed for the promotion of asthma care and prevention. Senior support from national key opinion leaders and policy-makers will be required in order to achieve successful implementation of asthma management programmes in the EU Member States. Integration of asthma prevention is key when tailored to the specific country needs and with an emphasis on lifestyle change. Also, Innovations in mobile health technology can support patients in guided self-management of their condition. EFA is involved in the field of mobile-health by participating in the H2020-funded project myAirCoach (www.myaircoach.eu) which aims to develop a personalized guidance system that will support patients in optimizing their lifestyle and treatment to prevent asthma exacerbations