

30 June 2026

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Dear Dr Example,

The Australian Commission on Safety and Quality in Health Care (the Commission) recognises the critical role of GPs in Australian health care. As part of our work supporting quality improvement in patient care, we are pleased to provide you with your second confidential Practice Reflections report, which enables you to compare your PBS prescribing patterns with your peers. In the past you may have received similar reports from NPS MedicineWise as Practice Reviews.

**This data is for your own use for the purpose of continuous improvement. This is not an audit, compliance check or nudge letter and is not monitored by the Commission.**

The enclosed report covers a quality improvement priority for the Commission – Chronic Obstructive Pulmonary Disease (COPD) management with a focus on prescribing. In October 2024, the Commission released the COPD Clinical Care Standard, to support best practice in COPD management.<sup>1</sup> An important element of the Clinical Care Standard is the COPD-X stepwise approach to pharmacotherapy.<sup>2</sup> The Commission's recent Atlas Focus Report: COPD showed a sharp increase in prescribing of triple therapy (LABA+LAMA+ICS) in recent years, raising questions about how well current practice nationally aligns with the stepwise approach.<sup>3</sup>

As a practicing clinician, I understand both the value of reflecting on our own data and the challenge of doing it in day-to-day practice. The enclosed data may be a simple tool for reflection on how your prescribing aligns with guidelines and the COPD Clinical Care Standard.

- To receive 2 CPD hours and to opt for future reports by email, scan the QR code at the bottom of this page or visit <https://bitly.cx/YUqZN> and complete the CPD reflective task.
- To sign up for the free MedicineInsight program, which gives you ongoing access to your granular data on selected topics, as well as CPD opportunities and comparisons with data from other GPs in the program, visit [safetyandquality.gov.au/MedicineInsight](https://safetyandquality.gov.au/MedicineInsight).

We are keen to hear from the wider GP community – if you would like to provide feedback, please contact the team at [practicereflections@safetyandquality.gov.au](mailto:practicereflections@safetyandquality.gov.au).

Yours sincerely,



Conjoint Professor Carolyn Hullick

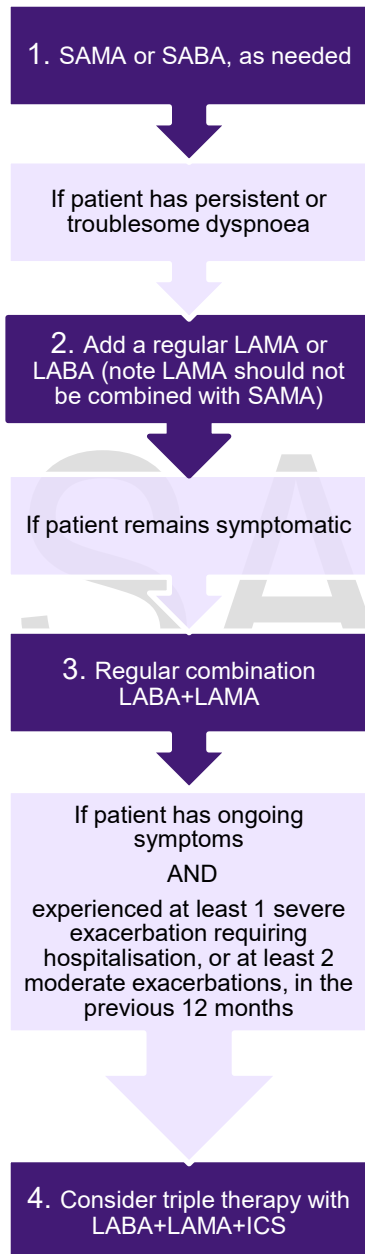
Chief Medical Officer, Australian Commission on Safety and Quality in Health Care



<https://bitly.cx/YUqZN>

# Inhaled corticosteroids for people with COPD

**Figure 1.** Stepwise pharmacotherapy, COPD<sup>2</sup>



## Why reserve ICS for severe COPD?

The risks of ICS outweigh the benefits for most patients with less severe COPD.<sup>2</sup> COPD is typically characterised by neutrophilic airway inflammation, which does not respond as well to ICS as the eosinophilic inflammation typically seen in asthma.<sup>4</sup> ICS also increases pneumonia risk in patients with COPD.<sup>5</sup>

## Stepwise approach

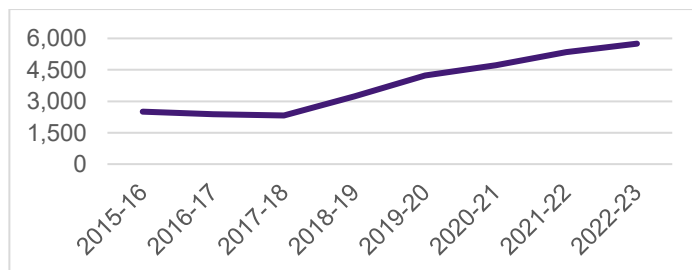
For patients with a spirometry-confirmed COPD diagnosis, offer pharmacotherapy to manage symptoms and prevent exacerbations according to the COPD-X stepwise approach.<sup>2</sup> Briefly, this approach involves stepping up (or stepping down) therapy in response to symptoms and exacerbations (Figure 1). Check inhaler technique before stepping up therapy – up to 90% of patients do not use their inhalers correctly.<sup>6</sup>

In the absence of co-existing asthma, triple therapy with ICS should be reserved for patients with COPD with frequent exacerbations (characterised by acute changes in the patient's baseline dyspnoea, cough, and/or sputum that exceed normal day-to-day variations) and ongoing symptoms despite regular use of LABA+LAMA.<sup>2</sup>

## The rise in triple therapy

The Commission's recent Atlas Focus Report: COPD found that prescriptions dispensed for triple therapy (LABA+LAMA+ICS) increased nationally by 130% between 2015–16 and 2022–23 (Figure 2).<sup>3</sup> The increase raises questions about appropriate use, given the steady prevalence of COPD.

**Figure 2.** PBS-subsidised prescriptions dispensed for COPD triple therapy (single or multiple inhalers), people aged 35 years and over<sup>3</sup>



\*Abbreviations: ICS – inhaled corticosteroids, LAMA – long-acting muscarinic antagonist; LABA – long-acting beta<sub>2</sub>-agonist; SAMA – short-acting muscarinic antagonist; SABA – short-acting beta<sub>2</sub>-agonist; Refer to National Asthma Council's medication chart to identify various COPD medicines. Sourced from National Asthma Council Australia, <https://www.nationalasthma.org.au/living-with-asthma/resources/health-professionals/charts/asthma-copd-medications-chart>

# Practice Reflections: using data to reflect on your practice

Consider the Pharmaceutical Benefits Scheme (PBS) data shown and how your prescribing of COPD medicines aligns with the stepwise approach shown on page 2.

The peer comparison is included to provide context for reflection. Please note that there is no single 'right' number, as your patient population and clinical circumstances are unique.

## What do the graphs show?

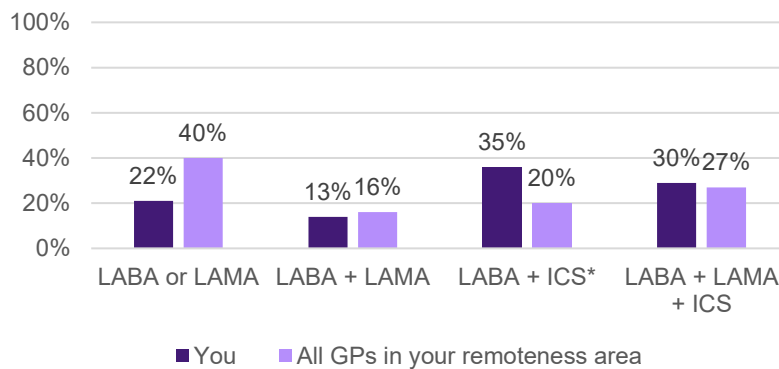
Data shown is aggregated from all your provider locations. The comparator group 'RA' includes all GPs located in the same remoteness area as your practice (metropolitan, regional or remote). The data is based on prescriptions for COPD restricted and/or authority required benefit on the PBS that you prescribed and were dispensed. SABA (short-acting beta<sub>2</sub>-agonists) and SAMA (short-acting muscarinic antagonists) are not included in the data.

## Your COPD patients

In 2025, you prescribed a COPD medicine to **15** patients aged 35 years and over.

## Which medicines did you prescribe most often for people with COPD?

**Figure 3. Percentage of patients aged 35 years and over by type of COPD treatment dispensed and were prescribed by you, 2025†**



†Total percentage may be more than 100% due to rounding

Your remoteness area peer group is **Major City**

### \*Do you have patients with COPD using LABA+ICS?

LABA+ICS is not part of the COPD stepwise management approach in patients without asthma, although some may be using this combination as a legacy treatment. <sup>2</sup>

#### Reflection:

- Reflecting on your current prescribing habits, and in light of the recommendation above, how well are you aligned with this approach?
- For patients currently on LABA+ICS without co-existing asthma, is there an opportunity to review their treatment?
- For practical guidance on stepping across to LAMA+LABA, see *A Guide to Deprescribing Inhaled Corticosteroids on the COPD Hub web page*; visit [safetyandquality.gov.au/copd](https://safetyandquality.gov.au/copd) or using the QR code under resources section on page 4

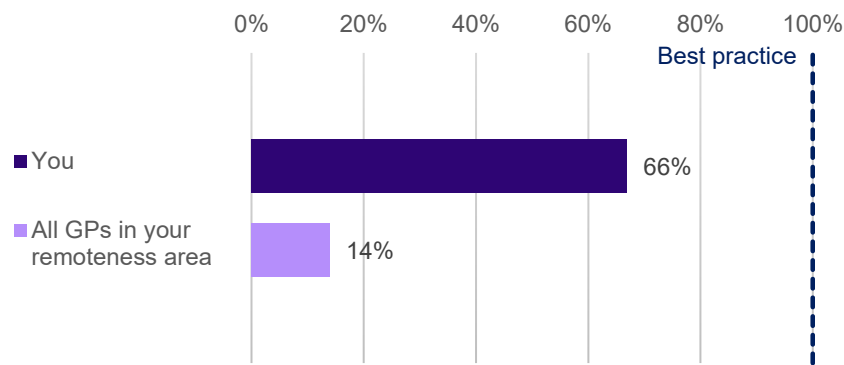
### Focus on Triple Therapy (LABA+LAMA+ ICS)

In 2025, 4 of your patients with COPD aged 35 years and over were dispensed triple therapy prescribed by you.

The COPD-X guidelines recommend that, in the absence of co-existing asthma, ICS should be reserved for patients with frequent exacerbations (characterised by acute changes in the patient's baseline dyspnoea, cough, and/or sputum that exceed normal day-to-day variations) and ongoing symptoms despite regular use of LABA+LAMA.<sup>2</sup> For a comprehensive assessment, consider use of validated assessment tools such as the COPD Assessment Tool (CAT) or Modified Medical Research Council (mMRC) Dyspnea Scale.<sup>2</sup>

### Which medicines did your patients with COPD use before starting treatment with triple therapy?

**Figure 4. Percentage of patients aged 35 years and over on triple therapy in 2025, who were previously dispensed dual long-acting bronchodilators prescribed by you §**



§Dispensing data coverage back to 2021 only  
Your remoteness area peer group is **Major City**

The COPD-X stepwise approach includes prescribing LABA+LAMA before triple therapy. So, for example, if only 20% of your patients on triple therapy were previously dispensed LABA+LAMA, 80% may not have been managed according to the stepwise approach. When interpreting your data, keep in mind that deviations from best practice may include situations where other medical practitioners started your patients on dual or triple therapy.

### Reflection:

- Next time you are considering adding ICS to a patient's COPD treatment, what symptoms or exacerbation history would confirm that LABA+LAMA alone is insufficient?
- For those already on triple therapy, is there an opportunity to review whether ICS is still appropriate at their next appointment?
- See *A Guide to Deprescribing Inhaled Corticosteroids on the COPD Hub* for practical guidance, including the role of blood eosinophil count. Visit [safetyandquality.gov.au/copd](https://safetyandquality.gov.au/copd) or use the QR code below.

### Resources

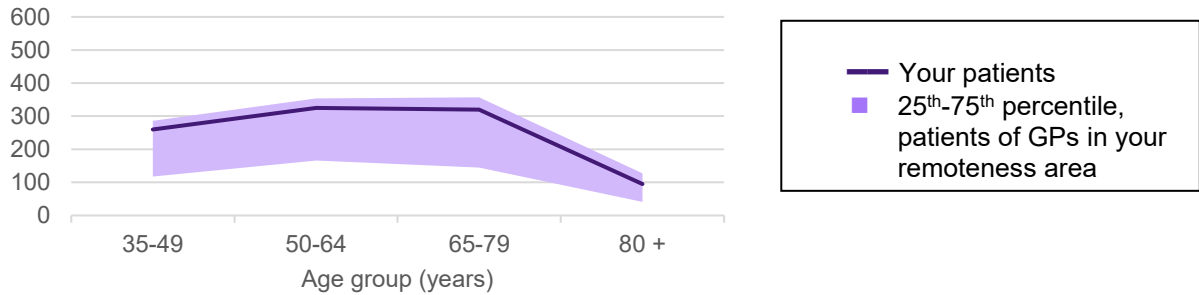
Access the COPD Hub using the QR code to view the Clinical Care Standard, Australian Atlas of Healthcare Variation Focus Report: COPD, Practice Reflections FAQs, A Guide to Deprescribing Inhaled Corticosteroids and more.



## Your practice age profile and practice remoteness

Comparing the age profile of your patients to those of other GPs can help you interpret your data. Your remoteness area peer group is **Major City**.

**Figure 5. Patient age profile (number of patients) in 2025**



## References

1. Australian Commission on Safety and Quality in Health Care. Chronic Obstructive Pulmonary Disease Clinical Care Standard. Sydney: ACSQHC; 2024.
2. Yang IA, Hancock K, George J, et al. COPD-X Handbook: Summary clinical practice guidelines for the management of chronic obstructive pulmonary disease (COPD) Milton, Queensland: Lung Foundation Australia; 2024.
3. Australian Commission on Safety and Quality in Health Care. Atlas Focus Report: Chronic Obstructive Pulmonary Disease. Sydney ACSQHC; 2025.
4. Yang I, George J, McDonald C, et al. The COPD-X plan: Australian and New Zealand guidelines for the management of Chronic Obstructive Pulmonary Disease 2025. Version 2.78. [Internet]. Brisbane: Lung Foundation Australia; 2025.
5. Miravittles M, Auladell-Rispau A, Monteagudo M, et al. Systematic review on long-term adverse effects of inhaled corticosteroids in the treatment of COPD. Eur Respir Rev. 2021;30(160).
6. Therapeutic Guidelines. Respiratory [Internet]. Melbourne: Therapeutic Guidelines Limited; 2020 December.

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<https://www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos> OR

Send your full name, provider number and new preferred mailing address to

[provider.registration@servicesaustralia.gov.au](mailto:provider.registration@servicesaustralia.gov.au) from a personal email address that clearly identifies you, or is the email address stored on the Medicare Provider Directory.

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## For more information

Please visit: [safetyandquality.gov.au/practice-reflections](https://safetyandquality.gov.au/practice-reflections)

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