

Patients' geography impacts guideline-concordant COPD care

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Geographical challenges to accessing care increase the likelihood of

receiving guideline-discordant inhaler regimens following hospitalization for chronic obstructive pulmonary disease (COPD) exacerbation, according to a study published online in the October issue of *The Lancet Regional Health: Americas*.

Arienne K. Baldomero, M.D., from the Minneapolis Veterans Affairs Health Care System, and colleagues assessed patient-level differences in guideline-discordant inhaler regimens by rurality, [drive time](#) to pulmonary specialty care, and fragmented care. The analysis included 33,785 VA patients with COPD who received [primary care](#) and prescriptions (2017 to 2020).

The researchers found that 48.6% of patients received guideline-discordant inhaler regimens three months after hospitalization for COPD exacerbation.

There were higher odds of guideline-discordant inhaler regimens among [rural residents](#) versus their urban counterparts (adjusted odds ratio, 1.18). With longer drive time to pulmonary specialty care, the odds of receiving guideline-discordant inhaler regimens increased (adjusted odds ratio, 1.38 for drive time >90 minutes versus

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