

# The role of primary care databases in developing asthma and allergy service delivery

**Dermot Ryan**

Honorary Clinical Research Fellow, University of Edinburgh, Edinburgh, UK

*Correspondence to:* Dermot Ryan. Honorary Clinical Research Fellow, University of Edinburgh, Edinburgh, UK. Email: [dermotryan@doctors.org.uk](mailto:dermotryan@doctors.org.uk).

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Current asthma and allergy guidelines place evidence at the center of clinical decision making, adopting a generalized rather than individualized approach to therapeutic management. The result is that some patients end up on high levels of medication, possibly over-treated, yet still sub-optimally controlled. A more patient-centric approach would put the patient at the center and adapt the available evidence to their specific needs in line with the original concept of evidence-based medicine (EBM). Clinical databases can assist in the examination of the interactions that occur between clinical, lifestyle and demographic characteristics of patients and their real-world, routine care therapeutic outcomes. The way such data is utilised may benefit outcomes at the individual patient level (e.g., by characterising current control, barriers to optimum outcomes and potential opportunities to improve current care current care) and at the practice level (e.g., to help stratifying the patient population, identification of those

who might benefit from specialist referral, assist in targeting available resources and training, and in practice benchmarking). Practice data can also be aggregated to support the planning of integrated care pathways or budgets for medications use. This session will explore both worked examples of how clinical databases have and are being used and propose and explore further opportunities.

## Acknowledgements

None.

## Footnote

*Conflicts of Interest:* This is from the WONCA 2016 Symposium: Harnessing real world data to address unmet needs in asthma and allergy care.

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