Supplementary table E2. OUTCOME of the asthma programmes in Europe

	FINLAND						
Change in asthma management during the programme	Primary care: GP	 1993 Asthma suspicion referred to specialist without lung function tests Infrequent follow-up visits Prescriptions renewed without check-up 	 Diagnosis of asthma Short specialist consultation as needed Anti-inflammatory treatment started without delay Easy access to evidence based guidelines and local treatment chains Annual follow-up visits 				
	Nurse	Spirometry measurements rarely made or peak flow values followed	 Daily spirometry measurements Routine guidance in peak flow measurements and use of inhalers Patient centred asthma education with written action plan Annual follow-up visits 				
	Specialist care: Adults Children	 Diagnosis of asthma Most follow-up visits Emergency care Diagnoses, treatment, follow-up of all cases In-patient treatment of acute asthma 	 Only a portion of new diagnoses Follow-up of severe cases Part of emergency care Diagnosis of childhood asthma Treatment, follow-up of pre-school asthma Inpatient treatment of acute asthma 				
	Pharmacies: Asthma coordinators	No active role in asthma care	 Active guidance in use of preventer and reliever inhaler and inhaler technique Networking with local health care 				
Main results References	 Increase in number of patients receiving special drug imbursement (75% price reduction). €135 000 → €239 000 (1993-2011) Increase in use of controller medication Decrease in hospital days. Reduction 86%. 110 000 days → 15 000 days (1993-2010) Disability pension - Reduction by 76% Reduction in asthma related costs €285 million (1993) → €220 million (2010) → €206 million (2011) [7,8,52-59] 						