



Enhancing Asthma Care

Virtual Joint Clinic
Meeting #2



Overview of Today's Meeting



1. Quality Improvement Program Progress
2. Baseline Assessments
3. QI Component #3 - Documentation process
4. QI Component #4 - Severity rating
5. State of Lung Cancer Report
6. Assign homework and review resources
7. Next steps/next meeting

Checking In



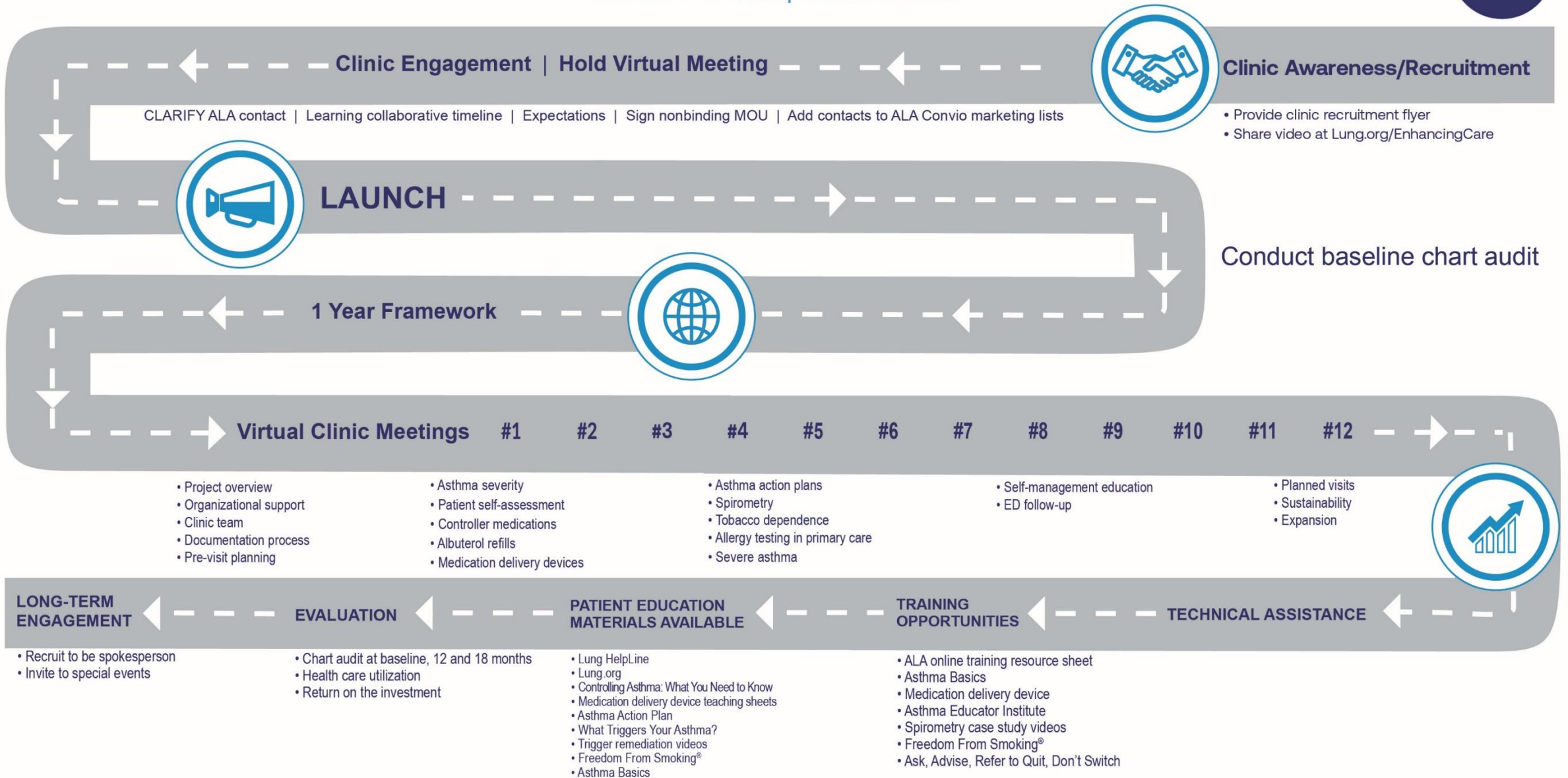
QI Component #1 Organizational support

QI Component #2 Implementation team

Asthma Quality Improvement Mapping

Virtual Format | Confidential

START PROJECT





Component #3

Documentation Process (EHR)

What is Missing from Your EHR?

What can't you document? What could you not find during your chart audit?



1. Asthma severity rating*
2. ACT score
3. Medications
4. Valved holding chambers/spacers**
5. Spirometry test results**
6. Asthma action plan (is there a template built in?)
7. Patient education (no specifics in EHR)
8. Other

Clinic Sharing via Jamboard

Thinking Ahead:

**What needs to be improved?
Please list 2-3 priorities.**

How will you make this change?

https://jamboard.google.com/d/1nPFh8KqGVTLcSU6h93BXnVywfofeTVnm9AxYgbL_e0/edit?usp=sharing



Component #4

Assigning a Severity Rating

Asthma Severity Is the Cornerstone of Therapy

Physicians underestimate the severity of asthma classification

Braganza, S. 2005. J of Asthma. <https://doi.org/10.1081/JAS-120019037>

Only of 40% of pediatric asthma patients had asthma severity ratings

Arch Pediatr Adolesc Med. 2002;156(2):141-146. doi:10.1001/archpedi.156.2.141

Inaccurate severity rating leads to suboptimal therapy

Less use of ICS; more exacerbations

Black patients are more likely than white patients to have severity underestimated. (Okelo, S. 2007. J General Inter Med. 22).



ICD10 J45.xxxx Makes It Easier to Assign A Severity Rating



1. J45.2 intermittent
2. J45.3 mild persistent
3. J45.4 moderate persistent
4. J45.5 severe persistent
5. **J45.9 other**

Decision Support Tools Can Help



1. Daytime symptoms
2. Nighttime symptoms
3. SABA use
4. Interference with daily activities
5. Lung function

Classification of Asthma Severity

Components of Severity		Intermittent			Persistent									
					Mild			Moderate			Severe			
		Ages 0-4 years	Ages 5-11 years	Ages ≥12 years	Ages 0-4 years	Ages 5-11 years	Ages ≥12 years	Ages 0-4 years	Ages 5-11 years	Ages ≥12 years	Ages 0-4 years	Ages 5-11 years	Ages ≥12 years	
Impairment	Symptoms	≤2 days/week			>2 days/week but not daily			Daily			Throughout the day			
	Nighttime awakenings	0	≤2x/month		1-2x/month	3-4x/month		3-4x/month	>1x/week but not nightly		>1x/week	Often 7x/week		
	SABA* use for symptom control (not to prevent EIB*)	≤2 days/week			>2 days/week but not daily	>2 days/week but not daily and not more than once on any day		Daily			Several times per day			
	Interference with normal activity	None			Minor limitation			Some limitation			Extremely limited			
	Lung function		Normal FEV ₁ between exacerbations	Normal FEV ₁ between exacerbations										
	→ FEV ₁ * (% predicted)	Not applicable	>80%	>80%	Not applicable	>80%	>80%	Not applicable	60-80%	60-80%	Not applicable	<60%	<60%	
→ FEV ₁ /FVC*		>85%	Normal [†]		>80%	Normal [†]		75-80%	Reduced 5% [†]		<75%	Reduced >5%		
Risk	Asthma exacerbations requiring oral systemic corticosteroids [‡]	0-1/year			≥2 exacerb. in 6 months, or wheezing ≥4x per year lasting >1 day AND risk factors for persistent asthma	≥2/year								
		<p>Generally, more frequent and intense events indicate greater severity.</p> <p>Generally, more frequent and intense events indicate greater severity.</p>												
<p>Consider severity and interval since last asthma exacerbation. Frequency and severity may fluctuate over time for patients in any severity category. Relative annual risk of exacerbations may be related to FEV₁.*</p>														

Case #1: What is the severity rating?

13-year-old

Medications	Control Impairments	Risks
No long-term controller meds	Daytime: 4x/week	No exacerbations requiring steroids
	Night: 4x/month	
	SABA: Daily	
	Lung Function: No tests ever done	
	Activity: Doesn't want to go to gym	

Classification of Asthma Severity

Components of Severity		Intermittent			Persistent									
					Mild			Moderate			Severe			
		Ages 0-4 years	Ages 5-11 years	Ages ≥12 years	Ages 0-4 years	Ages 5-11 years	Ages ≥12 years	Ages 0-4 years	Ages 5-11 years	Ages ≥12 years	Ages 0-4 years	Ages 5-11 years	Ages ≥12 years	
Impairment	Symptoms	≤2 days/week			>2 days/week but not daily			Daily			Throughout the day			
	Nighttime awakenings	0	≤2x/month		1-2x/month	3-4x/month		3-4x/month	>1x/week but not nightly		>1x/week	Often 7x/week		
	SABA* use for symptom control (not to prevent EIB*)	≤2 days/week			>2 days/week but not daily	>2 days/week but not daily and not more than once on any day		Daily			Several times per day			
	Interference with normal activity	None			Minor limitation			Some limitation			Extremely limited			
	Lung function		Normal FEV ₁ between exacerbations	Normal FEV ₁ between exacerbations										
	→ FEV ₁ * (% predicted)	Not applicable	>80%	>80%	Not applicable	>80%	>80%	Not applicable	60-80%	60-80%	Not applicable	<60%	<60%	
→ FEV ₁ /FVC*		>85%	Normal [†]		>80%	Normal [†]		75-80%	Reduced 5% [†]		<75%	Reduced >5%		
Risk	Asthma exacerbations requiring oral systemic corticosteroids [‡]	0-1/year			≥2 exacerb. in 6 months, or wheezing ≥4x per year lasting >1 day AND risk factors for persistent asthma	≥2/year		Generally, more frequent and intense events indicate greater severity. →						
								Generally, more frequent and intense events indicate greater severity. →						

Consider severity and interval since last asthma exacerbation. Frequency and severity may fluctuate over time for patients in any severity category. Relative annual risk of exacerbations may be related to FEV₁.*

Case #2: What is the severity rating?

4-year-old

Medications	Control Impairments	Risks
No long-term controller meds	Daytime: 2x/week	2 exacerbations in last 6 months; 1 ICU
	Night: 2x/month	
	SABA: 2x/week	
	Lung Function: NA	
	Activity: No limitations	

Classification of Asthma Severity

Components of Severity		Intermittent			Persistent											
					Mild			Moderate			Severe					
		Ages 0-4 years	Ages 5-11 years	Ages ≥12 years	Ages 0-4 years	Ages 5-11 years	Ages ≥12 years	Ages 0-4 years	Ages 5-11 years	Ages ≥12 years	Ages 0-4 years	Ages 5-11 years	Ages ≥12 years			
Impairment	Symptoms	≤2 days/week			>2 days/week but not daily			Daily			Throughout the day					
	Nighttime awakenings	0	≤2x/month		1-2x/month	3-4x/month		3-4x/month	>1x/week but not nightly		>1x/week	Often 7x/week				
	SABA* use for symptom control (not to prevent EIB*)	≤2 days/week			>2 days/week but not daily		>2 days/week but not daily and not more than once on any day		Daily			Several times per day				
	Interference with normal activity	None			Minor limitation			Some limitation			Extremely limited					
	Lung function		Normal FEV ₁ between exacerbations	Normal FEV ₁ between exacerbations												
	→ FEV ₁ * (% predicted)	Not applicable	>80%	>80%	Not applicable	>80%	>80%	Not applicable	60-80%	60-80%	Not applicable	<60%	<60%			
→ FEV ₁ /FVC*		>85%	Normal [†]		>80%	Normal [†]		75-80%	Reduced 5% [†]		<75%	Reduced >5%				
Risk	Asthma exacerbations requiring oral systemic corticosteroids [‡]	0-1/year			≥2 exacerb. in 6 months, or wheezing ≥4x per year lasting >1 day AND risk factors for persistent asthma			<p>Generally, more frequent and intense events indicate greater severity. →</p> <p>→ Generally, more frequent and intense events indicate greater severity.</p> <p>ICU Stay</p>								
	<p>Consider severity and interval since last asthma exacerbation. Frequency and severity may fluctuate over time for patients in any severity category. Relative annual risk of exacerbations may be related to FEV₁.*</p>															

Case #3: What is the severity rating?

8-year-old

Medications	Control Impairments	Risks
Advair 250/50 (Step 4)	Daytime: 1x/week	No exacerbations in last year
	Night: 1x/month	
	SABA: 1x/week	
	Lung Function: FEV ₁ >80%	
	Activity: No limitations	

Case #4: What is the severity rating?

25-year-old

Medications	Control Impairments	Risks
Low dose ICS + LABA (Step 3)	Daytime: 3x/week	No exacerbations
	Night: 3x/week	
	SABA: 3x/week	
	Lung Function: Peak flow >80%	
	Activity: None	
	Questionnaires: ACT 18	

Severity Rating Videos for Use with Your Providers



Sofia Ali, MD, MPH, Family practice

Link: <https://youtu.be/Vayus2GT6Ng>

Juanita Mora, MD, Allergist

Link: <https://youtu.be/4TCIvo0PTow>

Taking Today's Meeting Back to Your Clinic



1. Review baseline chart audit with ALA lead and clinic lead. What are your strengths and opportunities to improve?
2. Determine plan to improve documentation process, including engaging IT.
3. Share asthma severity training videos with providers.

We Have Resources for Your Clinic!



1. Asthma Quality Improvement Resources Hub
<https://bit.ly/3dpHAsr>
2. Quality Improvement (short video)
3. PDSA Cycle (short video and worksheet)
4. Severity rating videos
5. So much more!!!

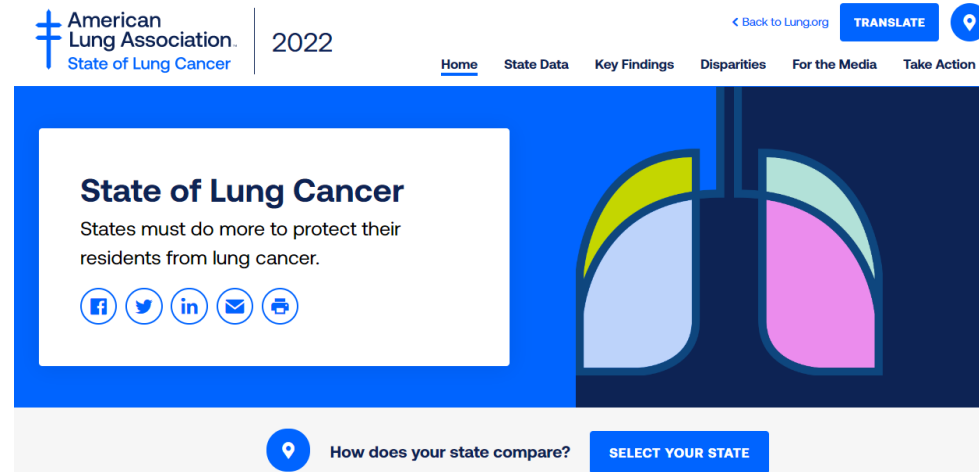
State of Lung Cancer Report

Key findings:

- The report highlights that states must do more to reduce the burden of lung cancer
- Currently, 14.2 million Americans meet the US Preventive Services Task Force guidelines for lung cancer screening
- In 2021, **only 5.8%** of those eligible have been screened
- The lung cancer five-year survival rate increased 21% to 25% from 2014 to 2018
- People of color diagnosed with lung cancer face worse outcomes compared to white Americans

Learn more, including how your state compares:

- [State of Lung Cancer | American Lung Association](#)



Taking it Back to Your Clinic



1. Assess your documentation process and make changes.
2. Assess your asthma severity assigning and doc process.
 - Share asthma severity videos with providers
3. Schedule Clinic Launch Meeting (*with food!*)
4. Promote Asthma Basics to encourage staff engagement & earn a pizza party!