



Enhancing Asthma Care

Virtual Joint Clinic Meeting #4



Overview of Today's Meeting

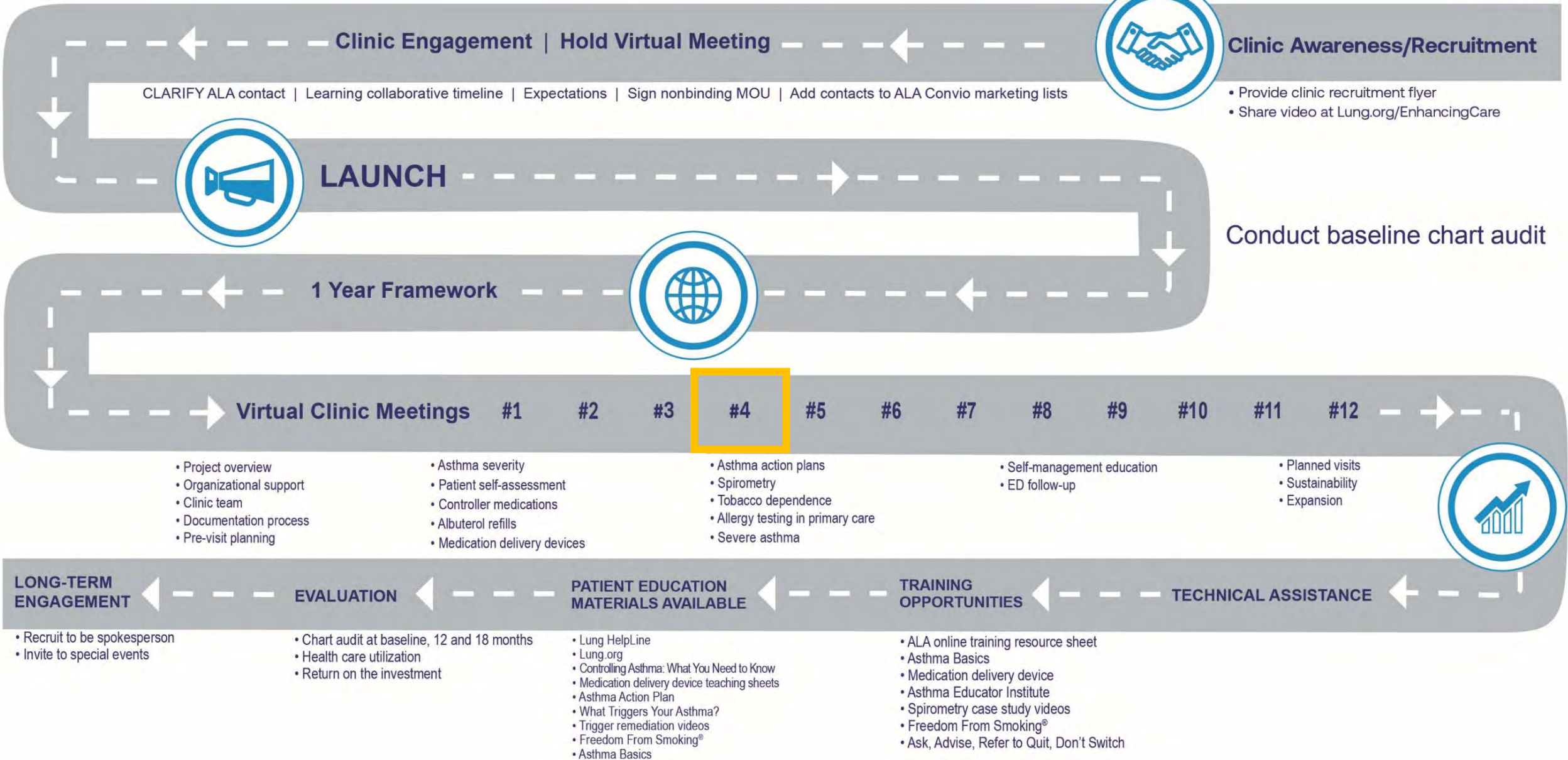


1. Clinic Updates
2. QI Component #7 – Patient Self-Assessment Tools & Assessing Control
3. Assign homework
4. Next steps/next meeting

Asthma Quality Improvement Mapping

Virtual Format | Confidential

START PROJECT



CLARIFY ALA contact | Learning collaborative timeline | Expectations | Sign nonbinding MOU | Add contacts to ALA Convio marketing lists



Clinic Awareness/Recruitment

- Provide clinic recruitment flyer
- Share video at Lung.org/EnhancingCare



LAUNCH

Conduct baseline chart audit

1 Year Framework



Virtual Clinic Meetings

- #1
- #2
- #3
- #4
- #5
- #6
- #7
- #8
- #9
- #10
- #11
- #12

- Project overview
- Organizational support
- Clinic team
- Documentation process
- Pre-visit planning

- Asthma severity
- Patient self-assessment
- Controller medications
- Albuterol refills
- Medication delivery devices

- Asthma action plans
- Spirometry
- Tobacco dependence
- Allergy testing in primary care
- Severe asthma

- Self-management education
- ED follow-up

- Planned visits
- Sustainability
- Expansion



LONG-TERM ENGAGEMENT

- Recruit to be spokesperson
- Invite to special events

EVALUATION

- Chart audit at baseline, 12 and 18 months
- Health care utilization
- Return on the investment

PATIENT EDUCATION MATERIALS AVAILABLE

- Lung HelpLine
- Lung.org
- Controlling Asthma: What You Need to Know
- Medication delivery device teaching sheets
- Asthma Action Plan
- What Triggers Your Asthma?
- Trigger remediation videos
- Freedom From Smoking®
- Asthma Basics

TRAINING OPPORTUNITIES

- ALA online training resource sheet
- Asthma Basics
- Medication delivery device
- Asthma Educator Institute
- Spirometry case study videos
- Freedom From Smoking®
- Ask, Advise, Refer to Quit, Don't Switch

TECHNICAL ASSISTANCE



Component #7

Patient Self-Assessment Tools

Why Should We Assess Control?

Expert Panel Report 3 (EPR-3):

Guidelines for the Diagnosis and Management of Asthma



1. Select treatment based on a patient's individual needs and **level of asthma control**.
2. While asthma can be controlled, the condition can **change over time** and **differs among individuals** and by **age groups**.

Validated Patient Self-Assessment Options

ACT

(Asthma Control
Test - GSK)

AirQScore.com

(AZ)

ATAQ

(Asthma Therapy
Assessment
Questionnaire –
Merck & Co.)

ACQ

(Asthma Control
Questionnaire -)

TRACK

(Test for Respiratory
and Asthma Control
in Kids - AZ and
AAP)

Distinguishing Between Severity and Control

Severity: The intrinsic intensity of the disease process

Assess asthma severity to **initiate** therapy.

Control: The degree to which the manifestations of asthma are minimized by therapeutic interventions and the goals of therapy are met

Assess and monitor asthma control to **adjust** therapy

The Asthma Control Test (ACT)

Ages 4 –11 yrs
(caregiver) and
12yrs+

4-week Recall

Multiple Languages

5 or 7 questions
about day/night Sx,
SABA use,
Limitations

Score 20+
Well Controlled

The image shows two versions of the Asthma Control Test (ACT) form. The top form is for children 4 to 11 years old, and the bottom form is for people 12 years and older. Both forms include instructions on how to take the test and a series of questions with Likert-scale responses. The bottom form also includes a 'TOTAL' score box and a note about the score range.

Childhood Asthma Control Test for children 4 to 11 years old.
This test will provide a score that may help your doctor determine how well your child's asthma is controlled.
How to take the Childhood Asthma Control Test
Step 1 Let your child respond to the first four questions (1-4) and let your child select the response. Complete the child's responses influences your answers. These are in the score box.
Step 2 Write the number of each answer in the score box.
Step 3 Add up each score box for the total.
Step 4 Take the test to the doctor to talk about your child's asthma.
Have your child complete these questions.
1. How is your asthma today?
Very bad (1) Bad (2) Not bad (3) Not at all (4)
2. How much of a problem is your asthma when you run, exercise or play?
It's a big problem, I can't do what I want to do. It's a problem and I do it (1) It's a little problem, I can do what I want to do (2) Not a problem (3) Not at all (4)
3. Do you cough because of your asthma?
Yes, all of the time (1) Yes, most of the time (2) Sometimes (3) Only a little (4) Not at all (5)
4. Do you wake up during the night because of your asthma?
Yes, all of the time (1) Yes, most of the time (2) Sometimes (3) Only a little (4) Not at all (5)
Please complete the following questions on your own.
5. During the last 4 weeks, how many days did your child have an asthma attack?
Not at all (1) 1-3 days (2) 4-10 days (3) More than 10 days (4)
6. During the last 4 weeks, how many days did your child wheeze?
Not at all (1) 1-3 days (2) 4-10 days (3) More than 10 days (4)
7. During the last 4 weeks, how many days did your child wake up at night because of asthma?
Not at all (1) 1-3 days (2) 4-10 days (3) More than 10 days (4)

**FOR PATIENTS:
Take the Asthma Control Test™ (ACT) for people 12 yrs and older.
Know your score. Share your results with your doctor.**
Step 1 Write the number of each answer in the score box provided.
Step 2 Add up each score box for your total.
Step 3 Take the test to the doctor to talk about your score.

1. In the past 4 weeks, how much of the time did your asthma keep you from getting as much done at work, school or at home?
All of the time (1) Most of the time (2) Some of the time (3) A little of the time (4) None of the time (5)
2. During the past 4 weeks, how often have you had shortness of breath?
More than once a day (1) Once a day (2) 2 or 3 times a week (3) Once or twice a week (4) Not at all (5)
3. During the past 4 weeks, how often did your asthma symptoms (wheezing, coughing, shortness of breath, chest tightness or pain) wake you up at night or earlier than usual in the morning?
4 or more nights a week (1) 2 or 3 nights a week (2) Once a week (3) Only a few times (4) Not at all (5)
4. During the past 4 weeks, how often have you used your rescue inhaler or nebulizer medication (such as albuterol)?
3 or more times per day (1) 1 or 2 times per day (2) 2 or 3 times per week (3) Once a week or less (4) Not at all (5)
5. How would you rate your asthma control during the past 4 weeks?
Not controlled at all (1) Poorly controlled (2) Moderately controlled (3) Well controlled (4) Completely controlled (5)

AMERICAN LUNG ASSOCIATION
The American Lung Association supports the Asthma Control Test and does not endorse products.

ASTHMA

GlaxoSmithKline

**FOR PHYSICIANS:
The ACT is:**
• Clinically validated by spirometry and speciality assessment
• Supported by the American Lung Association
• A self-administered, brief, 5-question assessment that can help you assess your patients' asthma during the past 4 weeks.
Reference: 1. Nathan RA et al. J Allergy Clin Immunol. 2004;113:59-65.

Score < 15 = Very Poorly Controlled

Score < 19 = Not Well Controlled

Score 20+ = Well Controlled

Test for Respiratory and Asthma Control in Kids

TRACK™ Test for Respiratory and Asthma Control in Kids
For kids under 5 years of age

What is TRACK?
TRACK is a simple 5-question test that can help assess respiratory and asthma control in patients between the ages of 12 months and 5 years. It addresses both the risk and impairment domains outlined in the NHLBI/NAEPP-3 Asthma Guidelines. TRACK is designed to be used by caregivers and interpreted by medical professionals.

Who should use TRACK?
This simple test can help determine if your child's breathing problems are not under control. The test was designed for children who

- Are under 5 years of age AND
- Have a history of 2 or more episodes of wheezing, shortness of breath, or cough lasting more than 24 hours AND
- Have been previously prescribed bronchodilator medications, also known as quick-relief medications (eg, albuterol, Ventolin®, Proventil®, Maxair®, ProAir®, or Xopenex®) for respiratory problems OR have been diagnosed with asthma

NOTE: TRACK is an assessment of patients with suboptimal respiratory or asthma control; this is NOT a diagnostic test.

How to take TRACK
Step 1: Make a check mark in the box below each of your selected answers.
Step 2: Write the number of your answer in the score box provided to the right of each question.
Step 3: Add up the numbers in the individual score boxes to obtain your child's total score.
Step 4: Take the test to your child's health care provider to talk about your child's total TRACK score.

1. During the <u>past 4 weeks</u> , how often was your child bothered by breathing problems, such as wheezing, coughing, or shortness of breath?	Score
Not at all 20	Once or twice 15
Once every week 10	2 or 3 times a week 5
4 or more times a week 0	
2. During the <u>past 4 weeks</u> , how often did your child's breathing problems (wheezing, coughing, shortness of breath) wake him or her up at night?	
Not at all 20	Once or twice 15
Once every week 10	2 or 3 times a week 5
4 or more times a week 0	
3. During the <u>past 4 weeks</u> , to what extent did your child's breathing problems, such as wheezing, coughing, or shortness of breath, interfere with his or her ability to play, go to school, or engage in usual activities that a child should be doing at his or her age?	
Not at all 20	Slightly 15
Moderately 10	Quite a lot 5
Extremely 0	
4. During the <u>past 3 months</u> , how often did you need to treat your child's breathing problems (wheezing, coughing, shortness of breath) with quick-relief medications (albuterol, Ventolin®, Proventil®, Maxair®, ProAir®, Xopenex®, or Primatene® Mist)?	
Not at all 20	Once or twice 15
Once every week 10	2 or 3 times a week 5
4 or more times a week 0	
5. During the <u>past 12 months</u> , how often did your child need to take oral corticosteroids (prednisone, prednisolone, Orapred®, Prelone®, or Decadron®) for breathing problems not controlled by other medications?	
Never 20	Once 15
Twice 10	3 times 5
4 or more times 0	
Other brands mentioned herein are trademarks of their respective owners and are not trademarks of the AstraZeneca group of companies. The makers of these brands are not affiliated with and do not endorse AstraZeneca or its products.	Total

Ages 0 - 4 yrs

4-week, 3-month, and 12-month recall

Caregiver Completes

5 questions

Score of 80+
Breathing problems controlled

Murphy, Kevin R, et al., Test for Respiratory and Asthma Control in Kids (TRACK): A caregiver-completed questionnaire for preschool-aged children, *Journal of Allergy and Clinical Immunology*, Volume 123, Issue 4, 833-839.e9



AirQScore.com

Ages 12 and older

2-week and 12-month recall

10 Questions on Symptoms, Limitations, SABA Use

Printable and Digital Available, in EN/SP

Score 0 - 1
Well Controlled

PRECISION Asthma Impairment and Risk Questionnaire (AIRQ™)

For use by health care providers with their patients 12 years and older who have been diagnosed with asthma. AIRQ™ is intended to be part of an asthma clinic visit. Please answer all of the questions below.

In the past 2 weeks, has coughing, wheezing, shortness of breath, or chest tightness:

1. Bothered you during the day on **more than 4 days**? Yes No
2. Woke you up from sleep **more than 1 time**? Yes No
3. Limited the activities you want to do **every day**? Yes No
4. Caused you to use your rescue inhaler or nebulizer **every day**? Yes No



In the past 2 weeks:

5. Did you have to limit your social activities (such as visiting with friends/relatives or playing with pets/children) because of your asthma? Yes No
6. Did coughing, wheezing, shortness of breath, or chest tightness limit your ability to exercise? Yes No
7. Did you feel that it was difficult to control your asthma? Yes No


In the past 12 months, has coughing, wheezing, shortness of breath, or chest tightness:

8. Caused you to take steroid pills or shots, such as prednisone or Medrol™? Yes No
9. Caused you to go to the emergency room or have unplanned visits to a health care provider? Yes No
10. Caused you to stay in the hospital overnight? Yes No

Total YES Answers

What Does My AIRQ™ Score Mean?

The AIRQ™ is meant to help your health care providers talk with you about your asthma control. The AIRQ™ does not diagnose asthma. Whatever your AIRQ™ score (total YES answers), it is important for your health care team to discuss the number and answers to each of the questions with you. All patients with asthma, even those who may be well-controlled, can have an asthma attack. As asthma control worsens, the chance of an asthma attack increases.¹ Only your medical provider can decide how best to assess and treat your asthma.



Health Care Providers and Patients Take Action Together to Control Asthma

0 1 2 3 4 5 6 7 8 9 10

Well-controlled Not Well-controlled Very Poorly Controlled

*Medrol (Pfizer, Inc.) or methylprednisolone
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Score 0-1 = Well-Controlled

Score 2-4 = Not Well-Controlled

Score 5-10 = Very Poorly Controlled

Murphy KR, et al. J Allergy Clin Immunol Pract. 2020;8(7):2263-2274.e5; and Murphy KR, et al. J Allergy Clin Immunol Pract. 2021;9(1):603.

Asthma Therapy Assessment Questionnaire (ATAQ) + ATAQ for Children & Adolescents

ASTHMA THERAPY ASSESSMENT QUESTIONNAIRE® (ATAQ)

1. In the past 4 weeks did you miss any work, school, or normal daily activities because of your asthma? (1 point for YES)
2. In the past 4 weeks, did you wake up at night because of your asthma? (1 point for YES)
3. Do you believe your asthma was well controlled in the past 4 weeks? (1 point for NO)
4. Do you use an inhaler for quick relief from asthma symptoms? If yes, what is the highest number of puffs in 1 day you took of this inhaler? (1 point for more than 12)

Total points = 0–4, with more points indicating more control problems

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Ages 18+;
Also 5-7 yrs

4-week, 3-month,
and 12-month
recall

Patient or
Caregiver
Completes

5 questions ; 20
items for peds

Score of 0 Adults
& Lower Scores
for Peds
Well Controlled



Vollmer WM, Markson LE, O'Connor E, Sanocki LL, Fitterman L, Berger M, Buist AS. Association of asthma control with health care utilization and quality of life. Am J Respir Crit Care Med 1999;160 (5 Pt 1):1647–1652

Skinner EA, Diette GB, Algatt-Bergstrom PJ, Nguyen TT, Clark RD, Markson LE, Wu AW. The Asthma Therapy Assessment Questionnaire (ATAQ) for children and adolescents. Dis Manag 2004;7(4):305–313.

Putting It All Together: Classification of Asthma Control

	Well controlled	Not well controlled	Very poorly controlled
ACT	≥ 20	16-19	≤ 15
TRACK	80+		
AirQ Score	0-1	2-4	5-10
ATAQ (Adults)	0	1-2	3-4
ATAQ (Peds)	Higher		Lower
Symptoms	≤ 2 days/week	> 2 days/week	Several times/day
FEV₁	$> 80\%$ pred or personal best	60-80% predicted or personal best	$< 60\%$ predicted or personal best
Recommended action	Maintain; f/u 1-6 months. Consider step down if controlled 3 months	Step up 1 step Re-evaluate 2-6 weeks	Consider short course oral steroids. Step up 1-2 steps. Re-evaluate in 2 weeks

When Should We Assess Control?



Any acute asthma visit



Review at every visit



Make it part of your rooming process

Strategy for Self-Assessment Tools

If you use paper version

Where are
the tests
stored?

Who gives it
out?

Who scores
it?

Where is the
score
recorded?

How / Where
is it entered
in the EMR?

Strategy for Self-Assessment Tools

If you use the tool in the EMR

Where are the tests within the EMR?

Who administers it?

Who scores it?

Where is the score recorded?

Strategy for Self-Assessment Tools: Other Considerations

How are patients who need a Patient Self-Assessment identified?

Which visits trigger use?

Can you see scores over time?

How/Who talks to patients about the results?

Use of concurrent spirometry

Can you model this after other patient self-assessment processes?

Discuss Your Clinic's ACT, etc. Process – Take 3 mins now

How does it get administered in your clinic?

How can you improve flow for using ACT, etc.?

JAMBOARD

Based on the Guidelines, Refer to Specialist When...

1. Additional diagnostic testing is needed
2. Signs and symptoms are atypical or there are problems in differential diagnosis
3. Additional education is needed
4. A life-threatening asthma exacerbation has occurred
5. Patient is not meeting goals of therapy after 3-6 months of treatment (or earlier)
6. Comorbid conditions complicate asthma or its diagnosis (e.g., polyps, GERD, COPD)
7. Patient is being considered for immunotherapy
8. Adult patient requires Step 4+ care or Pediatric patient requires step 3+ care (*moderate or severe persistent asthma*)
9. Consider if Adult requires step 3+ and Child 0-4 years requires Step 2+
10. Patient required >2 burst of oral corticosteroids in 1 year or was hospitalized

Homework



1. Assess **patient self-assessment** process
 - What is working well? Where can you improve and standardize?
2. Hold **monthly TA meeting** with your local ALA staff partner
3. Schedule your **medication delivery device hands-on training** for January – March 2023