Enhancing Asthma Care

Virtual Joint Clinic Meeting #6
Overview of Today’s Meeting

1. Clinic Updates
   - Controller medications
   - Albuterol refills

2. QI Component # 10 – Asthma Action Plans

3. Assign homework

4. Next steps/next meeting
Asthma Quality Improvement Mapping
Virtual Format | Confidential

Clinic Engagement | Hold Virtual Meeting
- CLARIFY ALA contact
- Learning collaborative timeline
- Expectations
- Sign nonbinding MOU
- Add contacts to ALA Convio marketing lists

LAUNCH

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

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
Component #10
Asthma Action Plans
Asthma Action Plans

Written instructions

Zones:

- Daily Management – Green Zone
- Recognizing and handling worsening asthma – Yellow Zone and Red Zone
Asthma Action Plans: Why?

1. Recommended by the guidelines
2. Evidence B (random controlled trials, limited body of data)
Asthma Action Plans

Updated review since the guidelines

Systematic review of 185 studies:
- 8 compared AAPs with no AAPs
- 5/8 found AAPs beneficial to pediatric asthma

5 studies compared peak flow AAPs with symptom AAPs:
- 3/5 found no benefit to peak flows.

Asthma Action Plans, cont’d…

Symptom-based vs. Peak Flow

- Complexity
- Practicality
- Exceptions—some need peak flow-based
Green Zone

All controller medications:

• Inhaled steroids, Advair, Symbicort, Dulera
• Allergy medications
• SMART therapy

Pre-exercise albuterol in special section

NOT for albuterol PRN
Green Zone, cont’d...

Green Zone: Doing Well

Symptoms: Breathing is good – No cough or wheeze – Can work and play – Sleeps well at night
Peak Flow Meter _________ (more than 80% of personal best)

Flu Vaccine—Date received: _______ Next flu vaccine due: _______ COVID19 vaccine—Date received: _______

Control Medicine(s) | Medicine | How much to take | When and how often to take it
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</tbody>
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Physical Activity
- ☐ Use Albuterol/Levalbuterol _____ puffs, 15 minutes before activity
- ☐ with all activity | ☐ when you feel you need it
Yellow Zone: Caution

Symptoms: Some problems breathing – Cough, wheeze, or tight chest – Problems working or playing – Wake at night
Peak Flow Meter ______ to _______ (between 50% and 79% of personal best)

Quick-relief Medicine(s)  □ Albuterol/Levalbuterol _____ puffs, every 20 minutes for up to 4 hours as needed
Control Medicine(s)     □ Continue Green Zone medicines
                        □ Add ___________________________ □ Change to ___________________________

You should feel better within 20-60 minutes of the quick-relief treatment. If you are getting worse or are in the Yellow Zone for more than 24 hours, THEN follow the instructions in the RED ZONE and call the doctor right away!
Yellow Zone, cont’d…

Develop consensus

Albuterol with spacer

Other options:
- Increase SMART Therapy
- How long?
  - For duration of cold
  - Call if not better in 24 hours
Red Zone: Get Help Now!

Symptoms: Lots of problems breathing – Cannot work or play – Getting worse instead of better – Medicine is not helping
Peak Flow Meter _________ (less than 50% of personal best)

Take Quick-relief Medicine NOW! □ Albuterol/Levalbuterol _____ puffs, ________________ (how frequently)
Call 911 immediately if the following danger signs are present:
• Trouble walking/talking due to shortness of breath
• Lips or fingernails are blue
• Still in the Red Zone after 15 minutes

Emergency Contact  Name ________________________________ Phone (______) _____ - ________
Red Zone, cont’d…

Develop consensus

Albuterol:
- ER approach
- Nebs every 20 minutes x 3
- MDI with spacer **4-8 puffs** x 3

Prednisone?
- To use or not to use
- 40-60mg qd x 5 days

ER or home
Health Literacy and the AAP

Self-management skills poorer among patients with limited reading ability.

1 out of 4 cannot understand basic written material (Kirsh, 1993).

AAPs should meet readability standards of fifth grade level or lower.
School Asthma Action Plans

1. Must address FERPA compliance (Family Educational Rights and Privacy Act).
2. Parents must give permission to share information with the provider.
3. Parents must sign to allow education.
4. Physician/provider must sign regarding ability to self-carry and for medication administration.
Other Issues

- Provider signature
- Copy to school nurse
- Educating patient and family
- How many copies/where is it kept?
Consider ways to be more efficient with AAPs - work smarter

What can other team members complete?

If ACT is 20≥, no action will be needed

Consensus and pre-complete all Yellow and Red Zones
## Asthma Action Plan: PDSA Cycle—Asthma Action Plan

<table>
<thead>
<tr>
<th>Action Plan</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>Provider/paper/same visit</td>
<td>40%</td>
</tr>
<tr>
<td>Provider/paper/return visit</td>
<td>0%</td>
</tr>
<tr>
<td>Provider or team/mail/return visit</td>
<td>20%</td>
</tr>
<tr>
<td>Provider/prefill AAP/same visit</td>
<td>Better</td>
</tr>
<tr>
<td>Asthma educator/prefill AAP/same visit</td>
<td>Best</td>
</tr>
<tr>
<td>PharmD/prefill AAP/same visit</td>
<td>Best</td>
</tr>
<tr>
<td>Nurse/prefill AAP/same visit</td>
<td>Best</td>
</tr>
</tbody>
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Team Huddle

1. Determine current practices for completing AAP.
2. Determine goal for AAP.
3. Brainstorm PDSA cycles/flow diagrams to improve/create process:
   • Which patients?
   • Who completes the AAP?
   • When/what visits?
   • Where are blank action plans stored?
   • EMR - in computer? Scanned?
   • Create a flow diagram
   • How will you measure Action Plan use?
Homework / Taking it Back to Your Clinic

1. Address **Asthma Action Plans**
   - What's your current process?
   - What's your ideal?

2. Attend/Schedule **Trainings**
   - Medication Delivery Device
   - Spirometry Implementation
Our Vision
A World Free of Lung Disease