American Lung Association

Clinics

Participants
Today’s Meeting Agenda

1. Overview of quality improvement project
2. Chronic Care Model
3. Rapid Cycle Improvement
4. Discuss how to conduct baseline assessment
5. Discuss gaining organizational support
6. Creating effective change teams
7. Assign homework
8. Next steps/next meeting
About this Project...

Not top down

Not a cookie cutter

Limited “busy” work

Staff roles

Project history and experience
QI initiatives must deliver evidence of **improved outcomes** and **cost savings**—our initiative does both.

First to utilize multi-state health plan claims data to measure impact and cost benefit.

**Asthma N=450 clinics across 15 states**
## Improved Quality Reduces Hospitalizations and ED Visits

<table>
<thead>
<tr>
<th></th>
<th>All age categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitalizations and ED visits combined</td>
<td>↓44%</td>
</tr>
<tr>
<td>Hospitalizations</td>
<td>↓46%</td>
</tr>
<tr>
<td>ED visits</td>
<td>↓38%</td>
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P<0.0001  
Results from 15 health centers, 1842 patients across 4 states  
Journal of Asthma, March 2020
Plan Paid Amount and Out-of-pocket Savings for Hosp/ED – Intervention

Cost = Return on Investment

$1 : $2.40
Components

- Organizational support and clinic team
- Asthma severity
- Pre-visit planning (rooming) process
- Documentation process/EMR
- Patient self-assessment
- Controller medications
- Asthma action plans
- Spirometry
- Self-mgt/patient education
- Emergency department visit follow-up
- Planned visits
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

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

#2: Asthma severity
• Patient self-assessment
• Controller medications
• Albuterol refills
• Medication delivery devices

#3: Asthma action plans
• Spirometry
• Tobacco dependence
• Allergy testing in primary care
• Severe asthma

#4: Self-management education
• ED follow-up

#5: 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
Trainings Available

1. 2020 NHLBI Focused Guidelines Update
2. Asthma Basics (on demand online)
3. Asthma Educator Institute (live virtual or on demand)
   next live virtual: December 13, 14, 16
4. Academic Detailing Videos
5. Spirometry Case Studies (online)
6. Implementation and Interpretation of Spirometry
   (full-day course; virtual segments)
7. Spirometry Refresher (onsite and/or virtual)
8. Medication Delivery Device Training (virtual)
<table>
<thead>
<tr>
<th>Specialty</th>
<th>Requirements</th>
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<tbody>
<tr>
<td>Allergy and Immunology</td>
<td>1 practice assessment module</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>1 module or 20 points depending on certification year</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>20 practice assessment points</td>
</tr>
<tr>
<td>OB/GYN</td>
<td>1 Part IV assessment</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>1 Part IV activity or 25 points depending on certification year</td>
</tr>
<tr>
<td>Preventive Medicine</td>
<td>1 practice performance assessment</td>
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Meaningful Participation

1. Complete 10 Baseline and 12-Month chart audits for their individual patients (as part of clinic-wide chart audit)
2. Complete MOU
3. Actively participate in QI cohort meetings and TA meetings
4. Develop a written algorithm of asthma workflow (differentiate between MD and MA/nursing roles) for their specific practice (samples will be provided)
5. Attend, and have nursing staff attend, trainings offered
6. Write end-of-project reflection (sample will be provided)
7. Submit letter of attestation (sample will be provided)
“The current care systems cannot do the job.”

“Trying harder will not work.”

“Changing care systems will.”
1. 8-year-old presents after second ER visit for wheezing
2. Chart—scattered notes from different providers—“cough”, “RAD”, “bronchitis”
3. Can’t tell what medicine prescribed most recently—mother says “pink one”
4. Consider doing spirometry—can’t find it
5. No height done
6. Pack of cigarettes in Mom’s handbag
Usual Chronic Illness Care

15-minute visit, poorly organized.

Focus on symptoms, not on prevention.

Patient’s attempts to discuss difficulties in living with asthma are discouraged.

Focus is on physician’s treatment.

Treatment plan is limited to prescription refill and encouragement to make appointment if not feeling well.

Visit ends with physician rifling through drawers looking for a pamphlet.
Usual Care Model

- Uninformed, Passive Patient
- Frustrating Problem-Centered Interactions
- Unprepared Practice Team

Sub Optimal Clinical Outcomes
1. Child (now 9 yrs) comes to clinic for a scheduled visit
2. Staff measures height, gets spirometry, records data
3. Parent describes symptoms over the last four weeks
4. Last note clearly states medications
5. Child confirms adherence as per her AAP
6. Child demonstrates inhaler technique
7. Mother still smokes
8. Cockroaches have been exterminated
9. Meds adjusted
10. Staff provides education
11. Self-management goals set
12. Schedule planned visit in 4-6 months
Model We are Building Toward - Chronic Care Model

Functional and Clinical Outcomes

Community
- Resources & Policies
- Family Education & Self-Management Support
- Informed, Activated Patient

Health System
- Health Care Organization
- Decision Support
- Clinical Information Systems
- Prepared Proactive Practice

Delivery System Design

Productive Interactions
PDSA Model for Improvement

- Plan – Objective
- What modifications?
- What’s next cycle?

- Carry out plan
- Document experience
- Collect data
- Complete analysis
- What did you learn?
- Conclusions drawn
Repeated PDSA Cycles

Successive tests of a change build knowledge and create a ramp to improvement
### Examples: Spirometry

#### Spirometry: Who?

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<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>P</td>
<td>Christine (RN)</td>
<td>Four staff</td>
<td>Schedule</td>
</tr>
<tr>
<td>D</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S</td>
<td>Christine is overwhelmed</td>
<td>Pts still go to Christine</td>
<td>Works better</td>
</tr>
<tr>
<td>A</td>
<td>Need others</td>
<td>Need schedule</td>
<td>Continue</td>
</tr>
</tbody>
</table>
## Spirometry: Where conducted?

**Examples: Spirometry, cont’d…**

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<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>P</td>
<td>Exam room</td>
<td>Nurse visit</td>
<td>Procedure room</td>
</tr>
<tr>
<td>D</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S</td>
<td>Ties up room</td>
<td>No shows</td>
<td>Works well</td>
</tr>
<tr>
<td>A</td>
<td>Nurse visit</td>
<td>Same day</td>
<td>Continue procedure room</td>
</tr>
</tbody>
</table>
Tips for PDSA Cycles

1. Small tests of change:
   • Fast
   • Small numbers (1 provider, 1 day, 3 patients)
   • “Can be done by Thursday”

2. Do more cycles, at a smaller scale and faster pace, instead of fewer, bigger, slower

3. Plan multiple cycles to test and adapt changes

4. Test with volunteers first

5. Don’t seek buy-in or consensus for test
Baseline Assessment – What is your starting point?

Documentation of:

- Severity rating
- Asthma control
- Spirometry to diagnosis and manage asthma
- Controller medication
- Written asthma management plan
- Asthma education
# Enhancing Asthma Care Chart Audit

- **Clinic Name**
- **Clinic Location**
- **Date Chart Audit Completed**
- **Audit Type (select from drop down)**

<table>
<thead>
<tr>
<th>Reviewer Initials</th>
<th>Visit Date (month &amp; year)</th>
<th>Age</th>
<th>Race/Ethnicity (see coding chart)</th>
<th>Sex (M/F)</th>
<th>Asthma Severity Rating documented in medical record (C020, H55.0x; H42.3x; Intermittent; H42.1x: Mild Per; H42.4x: Mod Per; H42.5x: Severe Per)</th>
<th>Asthma Control Rating assessed within 12 months of being seen. Level of control using Asthma Control Text or other Validated Self-Assessment Tool</th>
<th>Is the patient on SMART (Single Maintenance and Reliever Therapy)? If on SMART, Name of Medication</th>
<th>Name of Controller Medication Prescribed</th>
<th>Name of Quick Relief Medication Prescribed</th>
<th>Is Spacer Prescribed?</th>
<th>Asthma Action Plan in last 12 months?</th>
<th>Last Spirometry Date (month/year)</th>
<th>Asthma Education: taught inhaler within 12 months?</th>
</tr>
</thead>
</table>

- 30 randomly selected patients seen in the past 2-3 months for asthma as the primary or secondary diagnosis.
Component #1
Organizational Support
Component #1: Organizational Support
Do you have the support you need to be successful?

Examples:

1. Indian Health Board (2 peoples’ project)
2. Rice Street Clinic (no formal authority)
3. Midway Clinic (champion has no time)
4. Primary Health Care (partnership between QI and PCP)
5. Sanford Health (formal authority)
Component #2
Effective Teams
Component #2: Effective Teams

How do you get buy-in at the clinic level?

Is your plan “top down” or “ground up”?

How have similar interventions been perceived in the past?
Component #2: Effective Teams, cont’d…

Who is on your team?

Who will have central “control” or coordination duties?

What type of team structure will be at the individual clinics?

How will people in clinics know who to ask with questions?

Who else should be included?
Effective Teams: Our Clinics

- Physician/provider champion (authority)
- Process champion (manager)
- RN and rooming staff
- Scheduling/front desk
- Medical records
- IT
- Education
- Residency director
- Informal clinic authority
Vision AND Details

- **Vision** moves project forward
- **Vision** sees possibilities
- **Details** make things work
- **Details** help avoid frustrations
Common Meeting Hurdles...Reframed

- We can’t do that.
  - How could we do that?

- That will never work.
  - We can make this work.

- No one has the time.
  - How do we rearrange duties to get it done?

- We don’t have the money.
  - What is the real cost?

- We tried that before.
  - What can we learn from last time?
Taking Today’s Meeting Back to Your Clinic...

How will you share the experience of today’s meeting with your clinic colleagues and selected asthma team?

When? What venue?

What are the key messages to deliver?
COMING SOON: Asthma QI Resource Library
Homework

1. Complete baseline assessment
2. Ensure organizational support (signed MOU)
3. Create clinic team
4. Clinic staff complete *Asthma Basics* for pizza party
   + Receive 1 Free CEU!
5. Share and watch ATS’s “*Confirming the Dx of Asthma*”
6. Confirm physicians who will actively participate in MOC Part 4.