Enhancing Asthma Care

Virtual Joint Clinic
Meeting #3
Overview of Today’s Meeting

1. Clinic updates
2. Review of 2020 Asthma Guidelines focused updates
3. QI Component # 5- Pre-visit planning (rooming process)
4. QI Component # 6- Virtual asthma management
5. Assign homework
6. Next steps/next meeting
2020 Focused Updates to Asthma Management Guidelines

A Highlight for Primary Care
Six Areas of Focus: Three Specific to Primary Care

1. Intermittent inhaled corticosteroids
2. Long-acting antimuscarinic agents (LAMAs)
3. Allergen mitigation
4. Immunotherapy
5. Exhaled nitric oxide (FeNO)
6. Bronchial thermoplasty (BT)

Intermittent Use of Inhaled Corticosteroids

Children ages 0-4 years with recurrent wheezing
Intermittent Use of Inhaled Corticosteroids

Change - Treatment of Recurrent Wheezing in Children Ages 0-4

**EPR3 Recommends**

- 0-1 exacerbations per year requiring OCS or up to 3 episodes of wheezing
- PRN SABA for quick-relief only

**2020 Updates Recommends**

- Recurrent wheeze triggered by respiratory tract infections (RTI) and no wheezing between infections
- Short course of daily low-dose ICS at onset of RTI with SABA for quick-relief
Intermittent Use of Inhaled Corticosteroids

0-4 Years: EPR3 Compared to 2020 Focused Update

**Step 1**
- PRN SABA
- Daily low-dose ICS and PRN SABA
- At the start of RTI, add daily short course of ICS
- Intermittent Asthma

**Step 2**
- Daily low-dose ICS and PRN SABA
- Mild Intermittent Asthma

**Step 3**
- Daily low-dose ICS-LABA + PRN SABA or daily low-dose ICS + Montelukast or daily medium-dose ICS and PRN SABA
- Moderate Persistant Asthma

**Step 4**
- Daily high-dose ICS-LABA and PRN SABA
- Severe Persistant Asthma

**Step 5**
- Daily high-dose ICS + either LABA or Montelukast + oral corticosteroids + PRN SABA

**Step 6**
- High-dose ICS-LABA + oral systemic corticosteroids (OCS) and PRN SABA

EPR3 Preferred

Updates:
2020 Updates

American Lung Association.
Ages 5 Through 11

EPR3 and 2020 Update Comparison
Stepwise Approach for Management of Asthma

Ages 5-11: EPR3 Compared to 2020 Update

Note
Steps 2-4: Conditionally recommend the use of subcutaneous immunotherapy as an adjunct treatment in ≥5 years of age. If Step 4 or higher is needed, consider asthma specialist.
Overuse of SABA Leads to Acute Exacerbations, ED Visits, and Death

SMART Therapy (Single Maintenance and Reliever Therapy)

- SMART is for Step 3 (low-dose ICS) and Step 4 (medium-dose ICS)
- For individuals whose asthma is uncontrolled on ICS-LABA with SABA as quick-relief.

- SMART used for controller therapy AND quick-relief therapy.
- Patients with exacerbations in prior year are good candidates

Considerations: Lower risk of growth suppression, 1 month supply may not be sufficient for both controller and quick-relief; spacer recommended.

Meta-analysis of 16 randomly controlled trials with 22,748 patients. For patients ≥12 years, SMART was associated with reduced exacerbations compared to ICS at same dose or ICS-LABA at higher dose as controller therapy. (Sobieraj, D, 2018, JAMA).
## Current SMART Therapy Options

### Symbicort MDI + Generic (budesonide/formoterol)

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Dose</th>
<th>Puffs/day</th>
<th>Regimen</th>
</tr>
</thead>
<tbody>
<tr>
<td>6-11 yo</td>
<td>80/4.5</td>
<td>2 puffs</td>
<td>2x/day</td>
</tr>
<tr>
<td>≥12 yo</td>
<td>80-160/4.5</td>
<td>2 puffs</td>
<td>2x/day</td>
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</tbody>
</table>

- **Spacer recommended**
- **Max doses/day:** 8 for children; 12 for adults

### Dulera MDI (mometasone/ formoterol)

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<tbody>
<tr>
<td>5-11 yo</td>
<td>50/5</td>
<td>2 puffs</td>
<td>2x/day</td>
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<tr>
<td>≥12 yo</td>
<td>100-200/5</td>
<td>2 puffs</td>
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</table>

- **Spacer recommended**
- **Max doses/day:** 8 for children; 12 for adults

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*Symbicort DPI*: Ages ≥ 12: Dose 200/6 mcg 1 to 2 puffs twice daily; May increase to 4 puffs twice daily if ≥ 18 yo
Max: 6 inhalations at a single time, no more than 12 inhalations daily
*Symbicort DPI*: Ages 6-11 Dose 100/6 mcg 1 inhalation twice daily
EPR3 vs. 2020 Update: Quick Relief Medications

5-11 AND 12 years and older

EPR3 Recommends

- PRN SABA for quick-relief only, regardless of asthma severity.
- Up to 2 tx of 2-6 puffs by MDI or neb tx, 20 minutes apart. Short course of systemic corticosteroids may be needed. (p. 382)
- 4-8 puffs every 20 for 4 hours (adults). For 3 doses, then every 1-4 hours (children). (p. 386)

2020 Update Recommends

- In Steps 1, 2, 5, and 6, use PRN SABA.
- In Steps 3 and 4, the preferred option is SMART Therapy.
Ages 12 years and older

EPR3 and 2020 Update Comparison
Stepwise Approach for Management of Asthma

12 Years and Older: EPR3 and 2020 Updates Comparison

**Step 1**
- EPR3 Preferred: PRN SABA
- 2020 Updates: Intermittent Asthma

**Step 2**
- Low-dose ICS
  - Alternative: Cromolyn, LTRA, Nedocromil, or Theophylline

**Step 3**
- Low-dose ICS + LABA
  - Alternative: Medium-dose ICS + either LTRA, Theophylline, or Zileuton

**Step 4**
- Medium-dose ICS + LABA
  - and consider: Omalizumab for patients who have allergies

**Step 5**
- High-dose ICS + LABA + oral corticosteroids
  - and consider: Omalizumab for patients who have allergies

**Step 6**
- Daily high-dose ICS-LABA + oral systemic corticosteroids + PRN SABA
  - and consider: asthma biologics (eg, anti-IgE, anti-IL6, anti-IL5R, anti-IL4/IL13)
Six Areas of Focus: Three Specific to Primary Care

1. Intermittent inhaled corticosteroids
2. Long-acting antimuscarinic agents (LAMAs)
3. Allergen mitigation
4. Immunotherapy
5. Exhaled nitric oxide (FeNO)
6. Bronchial thermoplasty (BT)

EPR3 Recommends

In individuals with asthma that are not controlled by ICS therapy alone, adding a LABA to an ICS is recommended.

2020 Updates Recommends

For individuals, whose asthma is not controlled with ICS-LABA, adding a LAMA is recommended. Step 5 only.
Long-Acting Muscarinic Antagonists (long-acting bronchodilators)

<table>
<thead>
<tr>
<th>LAMAs</th>
<th>LABAs*</th>
<th>LAMA-LABAAs</th>
<th>ICS-LABA-LAMA</th>
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</thead>
<tbody>
<tr>
<td>Incruse Ellipta (umeclidinium)</td>
<td>Arcapta Ellipta (indacaterol)</td>
<td>Anoro Ellipta (umeclidinium and vilanterol)</td>
<td>Breztri Aerosphere (budesonide/glycopyrronium/formoterol)</td>
</tr>
<tr>
<td>Seebri Respimat (glycopyrrolate)</td>
<td>Brovana neb (arformoterol)</td>
<td>Bevespi Aerosphere (glycopyrrolate and formoterol)</td>
<td>Trelegy Ellipta (Fluticasone/vilanterol/umeclidinium)</td>
</tr>
<tr>
<td>Spiriva Respimat or Handihaler (tiotropium)</td>
<td>Perforomist neb (formoterol)</td>
<td>Stiolto Respimat (olodaterol and tiotropium)</td>
<td>Tribow (UK only) (beclomethasone/formoterol/glycopyrrolate)</td>
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<tr>
<td>Tudorza Pressari (aclidinium)</td>
<td>Serevent Discus or MDI (salmeterol)</td>
<td>Stiverdi Respimat (olodaterol)</td>
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Allergen Mitigation

**EPR3** (p. 192/440)

- Recommends a multi-faceted approach; individual steps alone are generally ineffective.

- Dust mite and pests allergens consider multi-faceted allergen-control proven effective for reducing exposures for patients sensitive to those allergens.

**2020 Update** (p. 37/322)

- Recommends multi-faceted approach if allergens are known (hx or testing)

- Pests (Roach or Rodent): Integrated pest management CAN BE USED **ALONE**.

- Dust mites: Use allergy-impermeable mattress and pillow covers **ONLY** as part of a **broader strategy**
2020 Focused Updates – NHLBI Assets

1. **Asthma Management Guidelines: 2020 Focused Update** (322 pages)

2. **2020 Focused Update - Clinician’s Guide** (16 pages)

3. **2020 Focused Update: At a Glance Guide** (6 pages)
2020 Focused Updates – ALA Training Tools for your Providers
All links will be shared in today’s email meeting summary

1. Slides: 2020 Guidelines PowerPoint

2. Video: Brief 2020 Focused Updates (9 minutes)

3. Video: SMART Therapy (3 minutes)

4. Video: Guidelines for Children 0-4 years (3 minutes)
Component #5
Pre-Visit Planning Process (Rooming Process)
Suggestions for Pre-Visit Planning Process

1. ED/Hospitalization follow-up documentation
2. ACT
3. Spirometry test
4. Medication reconciliation
5. Asthma Action Plan
6. Known allergies/triggers
7. Vaccines
8. Placebo medical delivery device for teaching purposes
9. Written or demonstration education materials
Flow Diagrams

- A visual aide to look at a process
- Helps to locate inefficiencies
- Helps all involved in a process to understand it
- A tool for effective and meaningful change

- Step in process = 
- Decision point = 
- Unsure =
Homework Exercise: Image the Possibilities

Please work with your teams to map out an IDEAL rooming process and CURRENT rooming process.
Virtual Asthma Management

WEBCAST: https://bit.ly/38cMLc7
Written guidance: https://bit.ly/3iLCJ3H

1. Conduct history since last visit
2. Complete asthma self-assessment (such as ACT)
3. Determine current level of control
4. Ask if patient is using controller medication
   • If video visit, observe technique
5. If asthma not well-controlled and patient is using prescribed meds, ask about new allergens and triggers
6. For risk-stratification, ask about COVID risk factors and symptoms
Virtual Asthma Management

7. Review current med plan
8. Adjust/review Asthma Action Plan
9. Arrange for 90-day prescriptions
10. Address logistical needs
11. Ask about cigarette, e-cigarette, vaping use and provide counseling
12. Refer for smoking, e-cigarettes, vaping cessation
13. Refer for asthma telemed and/or EICA visits
14. Provide Asthma Basics online link
15. Provide medication delivery device video links
Taking Today’s Meeting Back to Your Clinic

1. Share guidelines training resources and videos with providers and staff
   a) Schedule virtual training with ALA staff, if desired

2. Assess pre-visit planning process

3. Identify virtual asthma management opportunities and standardize process
Homework & Wrap Up

1. Schedule Clinic Launch Meeting *(with food!)*

2. Promote *Asthma Basics* to encourage staff engagement & earn a pizza party!

3. Attend *AEI* (live streamed or On Demand, self-paced)
   - email Lisa for a discount code to use during registration

4. ALA Contacts
   - [Mimi.Guiracocha@Lung.org](mailto:Mimi.Guiracocha@Lung.org) (IL, NE, NM)
   - [Felicia.Fuller@Lung.org](mailto:Felicia.Fuller@Lung.org) (Illinois)
   - [Jill.Heins@Lung.org](mailto:Jill.Heins@Lung.org) (Nationwide)
   - [Lisa.Gebhard@Lung.org](mailto:Lisa.Gebhard@Lung.org) (Nationwide)