Enhancing Asthma Care

Virtual Joint Clinic Meeting #7
Overview of Today’s Meeting

1. Clinic Updates
   - Asthma Action Plans
2. QI Component – Spirometry
4. Assign homework
5. Next steps/next meeting
Asthma Quality Improvement Mapping
Virtual Format | Confidential

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

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

3. LAUNCH
   - Conduct baseline chart audit

4. 1 Year Framework

5. 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
   - #6: Long-term engagement, Evaluation, Patient education materials available, Training opportunities, Technical assistance

6. LONG-TERM ENGAGEMENT
   - Recruit to be spokesperson
   - Invite to special events

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

8. 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

9. 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 #11

Spirometry to confirm diagnosis and manage asthma (and COPD)
Asthma has the notoriety of being the most misdiagnosed of all diseases.

1. This was found to be true of both false positive and false negative diagnosis.

2. Primary Reason Noted: Lack of pulmonary function testing.
Spirometry is needed to confirm the diagnosis of asthma

N=701

1 out of 3 did NOT have asthma

2% had cardiac

JAMA 2017

Aaron, Vandemheen, FitzGerald, et. Al, 2017. Reevaluation of Diagnosis in Adults With Physician-Diagnosed Asthma
https://jamanetwork.com/journals/jama/fullarticle/2598265
Getting ready

1. Getting spirometer and printer set up
2. Training staff to implement spirometry
3. Training providers to interpret spirometry
Making Spirometry Work in Your Clinic(s), *cont’d*…

**Which patients?**
- How identified?
- Order required?
- How often?

**When?**
- During visit?
- Return visit?
Making Spirometry Work in Your Clinic(s), cont’d…

Where?
- Same exam room?
- Different exam room?

Who conducts?
- All rooming staff?
- Designated person? Alternate?

Interpretation and treatment plan
- How do results get to provider?
- How does patient find out about treatment plan?
Making Spirometry Work in Your Clinic(s), cont’d…

Documentation

• How do results get into chart?

Storage

• Where is it stored?
• Locked up? Who has the key/code?

Billing

• Who codes the procedure? (94010)
• Are codes on billing sheet?
PDSA Model for Improvement

- Plan—Objective
- What will happen and why?

- What refinements or modifications?
- What’s next cycle?

- Carry out plan
- Document experience
- Collect data

- Complete analysis
- What did you learn?
- Conclusions drawn
PDSA Cycles

PDSA

• Plan
• Do
• Study
• Act

Small tests of change

• Fast
• Small numbers (1 provider, 1 day, 3 patients)
• Can be done this week
### Example: Spirometry

**Spirometry (at Smiley’s): Who?**

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>P</td>
<td>Christine</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>Overwhelmed</td>
<td>Still go to C</td>
<td>Works better</td>
</tr>
<tr>
<td>A</td>
<td>Need other</td>
<td>Need schedule</td>
<td>Continue</td>
</tr>
</tbody>
</table>
Example: Spirometry, *cont’d...*

Spirometry: Where?

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

• Do more cycles:
  • smaller scale
  • faster pace
• Think of a couple of cycles ahead
• Test with volunteers first
• Don’t seek buy-in or consensus for test
Key findings:

- Nearly 120 million Americans live in counties that have an unhealthy level of air pollution.

- People of color are 64% more likely to breathe polluted air compared to white people.

- The 5 worst-ranked cities for ozone and particle pollution are all in the Western U.S.

- Ozone pollution has generally improved across the nation.

Learn more, including how your state compares:

- [State of the Air | American Lung Association](https://www.lung.org/state-of-the-air)
Homework / Taking it Back to Your Clinic

1. Assess **spirometry** (potential) **process** and attempt 2 PDSA cycles.

2. Attend/schedule **spirometry trainings**

3. Share **spirometry case studies** with providers
   - [www.Lung.org/SpirometryTraining](http://www.Lung.org/SpirometryTraining)