Enhancing Asthma Care

Virtual Joint Clinic Meeting #2
Overview of Today’s Meeting

1. Quality Improvement Program Progress
2. Baseline Assessments
3. QI Component #3 - Documentation process
4. QI Component #4 - Severity rating
5. State of Lung Cancer Report
6. Assign homework and review resources
7. Next steps/next meeting
Checking In

QI Component #1 Organizational support

QI Component #2 Implementation team
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
- #2: Organizational support
- #3: Clinic team
- #4: Documentation process
- #5: Pre-visit planning
- #6: Asthma severity
- #7: Patient self-assessment
- #8: Controller medications
- #9: Albuterol refills
- #10: Medication delivery devices
- #11: Asthma action plans
- #12: Spirometry

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 #3
Documentation Process (EHR)
What is Missing from Your EHR?

What can’t you document? What could you not find during your chart audit?

1. Asthma severity rating*
2. ACT score
3. Medications
4. Valved holding chambers/spacers**
5. Spirometry test results**
6. Asthma action plan (is there a template built in?)
7. Patient education (no specifics in EHR)
8. Other
Clinic Sharing via Jamboard

Thinking Ahead:

What needs to be improved? Please list 2-3 priorities.

How will you make this change?

https://jamboard.google.com/d/1nPfh8KqGVTLcSU6h93BXnVyw_fofeTVnm9AxYgbL_e0/edit?usp=sharing
Component #4
Assigning a Severity Rating
Asthma Severity Is the Cornerstone of Therapy

Physicians underestimate the severity of asthma classification

Only of 40% of pediatric asthma patients had asthma severity ratings
Arch Pediatr Adolesc Med. 2002;156(2):141-146. doi:10.1001/archpedi.156.2.141

Inaccurate severity rating leads to suboptimal therapy
Less use of ICS; more exacerbations
Black patients are more likely than white patients to have severity underestimated. (Okelo, S. 2007. J General Inter Med. 22).
ICD10 J45.xxxx Makes It Easier to Assign A Severity Rating

1. J45.2 intermittent
2. J45.3 mild persistent
3. J45.4 moderate persistent
4. J45.5 severe persistent
5. J45.9 other
Decision Support Tools Can Help

1. Daytime symptoms
2. Nighttime symptoms
3. SABA use
4. Interference with daily activities
5. Lung function
# Classification of Asthma Severity

<table>
<thead>
<tr>
<th>Components of Severity</th>
<th>Intermittent</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Symptoms</strong></td>
<td>≤2 days/week</td>
<td>&gt;2 days/week but not daily</td>
<td>Daily</td>
<td>Throughout the day</td>
</tr>
<tr>
<td>Nighttime awakenings</td>
<td>0 ≤2x/month</td>
<td>1-2x/month</td>
<td>3-4x/month</td>
<td>&gt;1x/week but not nightly</td>
</tr>
<tr>
<td>SABA* use for symptom control (not to prevent EIB*)</td>
<td>≤2 days/week</td>
<td>&gt;2 days/week but not daily</td>
<td>&gt;2 days/week but not daily and not more than once on any day</td>
<td>Daily</td>
</tr>
<tr>
<td>Interference with normal activity</td>
<td>None</td>
<td>Minor limitation</td>
<td>Some limitation</td>
<td>Extremely limited</td>
</tr>
<tr>
<td>Lung function</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FEV₁* (% predicted)</td>
<td>Not applicable</td>
<td>&gt;80%</td>
<td>&gt;80%</td>
<td>Not applicable</td>
</tr>
<tr>
<td>FEV₁/FVC*</td>
<td>≤85%</td>
<td>Normal</td>
<td>Normal</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Asthma exacerbations requiring oral systemic corticosteroids¹</td>
<td>0-1/year</td>
<td>≥2 exacerbations in 6 months, or wheezing ≥4x per year lasting ≥1 day AND risk factors for persistent asthma</td>
<td>Generally, more frequent and intense events indicate greater severity.</td>
<td>Generally, more frequent and intense events indicate greater severity.</td>
</tr>
</tbody>
</table>

¹Consider severity and interval since last asthma exacerbation. Frequency and severity may fluctuate over time for patients in any severity category. Relative annual risk of exacerbations may be related to FEV₁.
### Case #1: What is the severity rating?

**13-year-old**

<table>
<thead>
<tr>
<th>Medications</th>
<th>Control Impairments</th>
<th>Risks</th>
</tr>
</thead>
<tbody>
<tr>
<td>No long-term controller meds</td>
<td>Daytime: 4x/week</td>
<td>No exacerbations requiring steroids</td>
</tr>
<tr>
<td></td>
<td>Night: 4x/month</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SABA: Daily</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lung Function: No tests ever done</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Activity: Doesn’t want to go to gym</td>
<td></td>
</tr>
</tbody>
</table>
## Classification of Asthma Severity

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<tbody>
<tr>
<td><strong>Symptoms</strong></td>
<td>≤2 days/week</td>
<td>&gt;2 days/week but not daily</td>
<td>Daily</td>
<td>Throughout the day</td>
</tr>
<tr>
<td><strong>Nighttime awakenings</strong></td>
<td>0</td>
<td>≤2x/month</td>
<td>1-2x/month</td>
<td>3-4x/month</td>
</tr>
<tr>
<td><em><em>SABA</em> use for symptom control (not to prevent EIB</em>)**</td>
<td>≤2 days/week</td>
<td>&gt;2 days/week but not daily</td>
<td>&gt;2 days/week but not daily and not more than once on any day</td>
<td>Daily</td>
</tr>
<tr>
<td><strong>Interference with normal activity</strong></td>
<td>None</td>
<td>Minor limitation</td>
<td>Some limitation</td>
<td>Extremely limited</td>
</tr>
<tr>
<td><strong>Lung function</strong></td>
<td>Not applicable</td>
<td>Normal FEV₁ between exacerbations</td>
<td>Normal FEV₁ between exacerbations</td>
<td>Normal FEV₁ between exacerbations</td>
</tr>
<tr>
<td></td>
<td>Not applicable</td>
<td>&gt;80%</td>
<td>&gt;80%</td>
<td>&gt;80%</td>
</tr>
<tr>
<td></td>
<td>&gt;85%</td>
<td>Normal¹</td>
<td>Normal¹</td>
<td>Reduced 5%¹</td>
</tr>
<tr>
<td></td>
<td>≥2 exacerbations in 6 months, or wheezing ≥4x per year lasting &gt;1 day AND risk factors for persistent asthma</td>
<td>Generally, more frequent and intense events indicate greater severity.</td>
<td>Generally, more frequent and intense events indicate greater severity.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Risk</th>
<th>Intermittent</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma exacerbations requiring oral systemic corticosteroids¹</td>
<td>0-1/year</td>
<td>≥2/year</td>
<td>Generally, more frequent and intense events indicate greater severity.</td>
<td>Generally, more frequent and intense events indicate greater severity.</td>
</tr>
</tbody>
</table>

*Consider severity and interval since last asthma exacerbation. Frequency and severity may fluctuate over time for patients in any severity category. Relative annual risk of exacerbations may be related to FEV₁.*
Case #2: What is the severity rating?

4-year-old

<table>
<thead>
<tr>
<th>Medications</th>
<th>Control Impairments</th>
<th>Risks</th>
</tr>
</thead>
<tbody>
<tr>
<td>No long-term controller meds</td>
<td>Daytime: 2x/week</td>
<td>2 exacerbations in last 6 months; 1 ICU</td>
</tr>
<tr>
<td></td>
<td>Night: 2x/month</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SABA: 2x/week</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lung Function: NA</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Activity: No limitations</td>
<td></td>
</tr>
</tbody>
</table>
### Classification of Asthma Severity

<table>
<thead>
<tr>
<th>Components of Severity</th>
<th><strong>Intermittent</strong></th>
<th><strong>Mild</strong></th>
<th><strong>Moderate</strong></th>
<th><strong>Severe</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ages 0-4 years</strong></td>
<td>≤2 days/week</td>
<td>&gt;2 days/week but not daily</td>
<td>Daily</td>
<td>Throughout the day</td>
</tr>
<tr>
<td><strong>Ages 5-11 years</strong></td>
<td>≤2 days/week</td>
<td>&gt;2 days/week but not daily</td>
<td>Daily</td>
<td>Several times per day</td>
</tr>
<tr>
<td><strong>Ages ≥12 years</strong></td>
<td>≤2 days/week</td>
<td>&gt;2 days/week but not daily</td>
<td>Daily</td>
<td>Several times per day</td>
</tr>
</tbody>
</table>

- **Symptoms**: ≤2 days/week
- **Nighttime awakennings**: 0, ≤2x/month, 1-2x/month, 3-4x/month, <1x/week but not nightly, >1x/week, Often 7x/week
- **SABA* use for symptom control (not to prevent EIB*)**: ≤2 days/week
- **Interference with normal activity**: None
- **Lung function**
  - FEV₁ (% predicted)
    - Not applicable
    - >80%
    - >85%
  - FEV₁/FVC*
    - Normal
    - >80%

- **Asthma exacerbations requiring oral systemic corticosteroids**: 0-1/year, ≥2/year

**Risk**

- **ICU Stay**: Generally, more frequent and intense events indicate greater severity.

Consider severity and interval since last asthma exacerbation. Frequency and severity may fluctuate over time for patients in any severity category. Relative annual risk of exacerbations may be related to FEV₁. 

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*ICU: Intensive Care Unit  
*SABA: Short-Acting Beta-2 Agonist  
*FEV₁: Forced Expiratory Volume in 1 second  
*FVC: Forced Vital Capacity
### Case #3: What is the severity rating?

**8-year-old**

<table>
<thead>
<tr>
<th>Medications</th>
<th>Control Impairments</th>
<th>Risks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advair 250/50 (Step 4)</td>
<td>Daytime: 1x/week</td>
<td>No exacerbations in last year</td>
</tr>
<tr>
<td></td>
<td>Night: 1x/month</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SABA: 1x/week</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lung Function: FEV\textsubscript{1} &gt;80%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Activity: No limitations</td>
<td></td>
</tr>
</tbody>
</table>
# Case #4: What is the severity rating?

25-year-old

<table>
<thead>
<tr>
<th>Medications</th>
<th>Control Impairments</th>
<th>Risks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low dose ICS + LABA (Step 3)</td>
<td>Daytime: 3x/week</td>
<td>No exacerbations</td>
</tr>
<tr>
<td></td>
<td>Night: 3x/week</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SABA: 3x/week</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lung Function:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Peak flow &gt;80%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Activity: None</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Questionnaires: ACT 18</td>
<td></td>
</tr>
</tbody>
</table>

ICS: Inhaled Corticosteroids, LABA: Long-Acting Beta Agonists, SABA: Short-Acting Beta Agonists, ACT: Asthma Control Test
Severity Rating Videos for Use with Your Providers

Sofia Ali, MD, MPH, Family practice
Link: https://youtu.be/Vayus2GT6Ng

Juanita Mora, MD, Allergist
Link: https://youtu.be/4TClvo0PTow
Taking Today’s Meeting Back to Your Clinic

1. Review baseline chart audit with ALA lead and clinic lead. What are your strengths and opportunities to improve?

2. Determine plan to improve documentation process, including engaging IT.

3. Share asthma severity training videos with providers.
We Have Resources for Your Clinic!

1. Asthma Quality Improvement Resources Hub
2. Quality Improvement (short video)
3. PDSA Cycle (short video and worksheet)
4. Severity rating videos
5. So much more!!!
Key findings:

• The report highlights that states must do more to reduce the burden of lung cancer.

• Currently, 14.2 million Americans meet the US Preventive Services Task Force guidelines for lung cancer screening.

• In 2021, only 5.8% of those eligible have been screened.

• The lung cancer five-year survival rate increased 21% to 25% from 2014 to 2018.

• People of color diagnosed with lung cancer face worse outcomes compared to white Americans.

Learn more, including how your state compares:

• State of Lung Cancer | American Lung Association
Taking it Back to Your Clinic

1. Assess your documentation process and make changes.
2. Assess your asthma severity assigning and doc process.
   - Share asthma severity videos with providers
3. Schedule Clinic Launch Meeting (*with food!*)
4. Promote **Asthma Basics** to encourage staff engagement & earn a pizza party!