Enhancing Asthma Care

Virtual Joint Clinic
Meeting #4
Overview of Today’s Meeting

1. Clinic Updates
2. QI Component #7 – Patient Self-Assessment Tools & Assessing Control
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

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

TECHNICAL ASSISTANCE
Component #7

Patient Self-Assessment Tools
Why Should We Assess Control?

Expert Panel Report 3 (EPR-3):
Guidelines for the Diagnosis and Management of Asthma

1. Select treatment based on a patient’s individual needs and level of asthma control.

2. While asthma can be controlled, the condition can change over time and differs among individuals and by age groups.
Validated Patient Self-Assessment Options

- **ACT**
  (Asthma Control Test - GSK)

- **AirQScore.com**
  (AZ)

- **ATAQ**
  (Asthma Therapy Assessment Questionnaire – Merck & Co.)

- **ACQ**
  (Asthma Control Questionnaire - )

- **TRACK**
  (Test for Respiratory and Asthma Control in Kids - AZ and AAP)
Distinguishing Between Severity and Control

**Severity:** The intrinsic intensity of the disease process

Assess asthma severity to **initiate** therapy.

**Control:** The degree to which the manifestations of asthma are minimized by therapeutic interventions and the goals of therapy are met

Assess and monitor asthma control to **adjust** therapy.
The Asthma Control Test (ACT)

Ages 4 –11 yrs (caregiver) and 12yrs+

4-week Recall

5 or 7 questions about day/night Sx, SABA use, Limitations

Score 20+ Well Controlled

Score 20+ = Well Controlled
Score < 19 = Not Well Controlled
Score < 15 = Very Poorly Controlled

Test for Respiratory and Asthma Control in Kids

Ages 0 - 4 yrs
Caregiver Completes
5 questions

Score of 80+
Breathing problems controlled

4-week, 3-month, and 12-month recall

Murphy, Kevin R, et al., Test for Respiratory and Asthma Control in Kids (TRACK): A caregiver-completed questionnaire for preschool-aged children, *Journal of Allergy and Clinical Immunology*, Volume 123, Issue 4, 833-839.e9
Asthma Impairment and Risk Questionnaire (AIRQ®)

For use by healthcare providers with their patients 12 years and older who have been diagnosed with asthma. AIRQ® is intended to be part of an asthma clinic visit. Please answer all of the questions below.

In the past 2 weeks, have coughing, wheezing, shortness of breath, or chest tightness:
1. Suffered any of the symptoms more than 4 days? [Yes/No]
2. Missed school or work due to symptoms more than 3 days? [Yes/No]
3. Limited the activities you want to do more than usual? [Yes/No]
4. Needed to use your rescue inhaler more than usual? [Yes/No]

In the past 2 months, have coughing, wheezing, shortness of breath, or chest tightness:
5. Did you have to limit your social activities (such as visiting friends/family or playing with pets/children) due to your asthma? [Yes/No]
6. Did coughing, wheezing, shortness of breath, or chest tightness limit your ability to exercise? [Yes/No]
7. Did you feel that it was difficult to control your asthma? [Yes/No]

In the past 12 months, have coughing, wheezing, shortness of breath, or chest tightness:
8. Caused you to receive sick days or lost your job? [Yes/No]
9. Caused you to go to the emergency room or have an uncontrolled visit to a doctor’s office? [Yes/No]
10. Caused you to stay in the hospital overnight? [Yes/No]

What Does My AIRQ® Score Mean?
The AIRQ® is meant to help your healthcare provider talk with you about your asthma control. The AIRQ® does not diagnose asthma. Whichever your AIRQ® score (Total YES answers), it is important for your healthcare team to discuss the number and answers to each of the questions with you. All patients with asthma, even those who may be well controlled, can have an asthma attack. As asthma control worsens, the chance of an asthma attack increases. Only your medical provider can decide how best to assess and treat your asthma.

Score 0-1 = Well Controlled
Score 2-4 = Not Well-Controlled
Score 5-10 = Very Poorly Controlled

Asthma Therapy Assessment Questionnaire (ATAQ) + ATAQ for Children & Adolescents

Ages 18+; Also 5-7 yrs

4-week, 3-month, and 12-month recall

Patient or Caregiver Completes

5 questions; 20 items for peds

Score of 0 Adults & Lower Scores for Peds Well Controlled


## Putting It All Together: Classification of Asthma Control

<table>
<thead>
<tr>
<th></th>
<th>Well controlled</th>
<th>Not well controlled</th>
<th>Very poorly controlled</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ACT</strong></td>
<td>≥ 20</td>
<td>16-19</td>
<td>≤ 15</td>
</tr>
<tr>
<td><strong>TRACK</strong></td>
<td>80+</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>AirQ Score</strong></td>
<td>0-1</td>
<td>2-4</td>
<td>5-10</td>
</tr>
<tr>
<td><strong>ATAQ (Adults)</strong></td>
<td>0</td>
<td>1-2</td>
<td>3-4</td>
</tr>
<tr>
<td><strong>ATAQ (Peds)</strong></td>
<td>Higher</td>
<td></td>
<td>Lower</td>
</tr>
<tr>
<td><strong>Symptoms</strong></td>
<td>≤ 2 days/week</td>
<td>&gt; 2 days/week</td>
<td>Several times/day</td>
</tr>
<tr>
<td><strong>FEV₁</strong></td>
<td>&gt; 80% pred or personal best</td>
<td>60-80% predicted or personal best</td>
<td>&lt; 60% predicted or personal best</td>
</tr>
<tr>
<td><strong>Recommended action</strong></td>
<td>Maintain; f/u 1-6 months. Consider step down if controlled 3 months</td>
<td>Step up 1 step Re-evaluate 2-6 weeks</td>
<td>Consider short course oral steroids. Step up 1-2 steps. Re-evaluate in 2 weeks</td>
</tr>
</tbody>
</table>
When Should We Assess Control?

- Any acute asthma visit
- Review at every visit
- Make it part of your rooming process
Strategy for Self-Assessment Tools

If you use paper version

Where are the tests stored?

Who gives it out?

Who scores it?

Where is the score recorded?

How / Where is it entered in the EMR?
Strategy for Self-Assessment Tools

If you use the tool in the EMR

Where are the tests within the EMR?

Who administers it?

Who scores it?

Where is the score recorded?
Strategy for Self-Assessment Tools: Other Considerations

- How are patients who need a Patient Self-Assessment identified?
- Which visits trigger use?
- Can you see scores over time?
- How/Who talks to patients about the results?
- Use of concurrent spirometry
- Can you model this after other patient self-assessment processes?
Discuss Your Clinic’s ACT, etc. Process – Take 3 mins now

How does it get administered in your clinic?

How can you improve flow for using ACT, etc.?
Based on the Guidelines, Refer to Specialist When...

1. Additional diagnostic testing is needed
2. Signs and symptoms are atypical or there are problems in differential diagnosis
3. Additional education is needed
4. A life-threatening asthma exacerbation has occurred
5. Patient is not meeting goals of therapy after 3-6 months of treatment (or earlier)
6. Comorbid conditions complicate asthma or its diagnosis (e.g., polyps, GERD, COPD)
7. Patient is being considered for immunotherapy
8. Adult patient requires Step 4+ care or Pediatric patient requires step 3+ care (*moderate or severe persistent asthma*)
9. Consider if Adult requires step 3+ and Child 0-4 years requires Step 2+
10. Patient required >2 burst of oral corticosteroids in 1 year or was hospitalized
Homework

1. Assess **patient self-assessment** process
   • What is working well? Where can you improve and standardize?

2. Hold **monthly TA meeting** with your local ALA staff partner

3. Schedule your **medication delivery device hands-on training** for January – March 2023