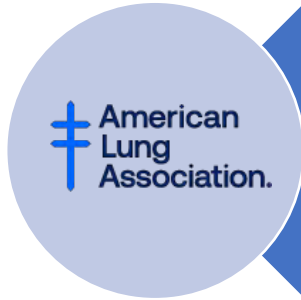




Enhancing Asthma Care

Virtual Joint Clinic Meeting #1





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

GOLD Standard Evaluation Methodology

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

	All age categories
Hospitalizations and ED visits combined	↓44%
Hospitalizations	↓46%
ED visits	↓38%

P<0.0001

Results from 15 health centers, 1842 patients across 4 states

Journal of Asthma, March 2020

Improved Quality = Cost Savings

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

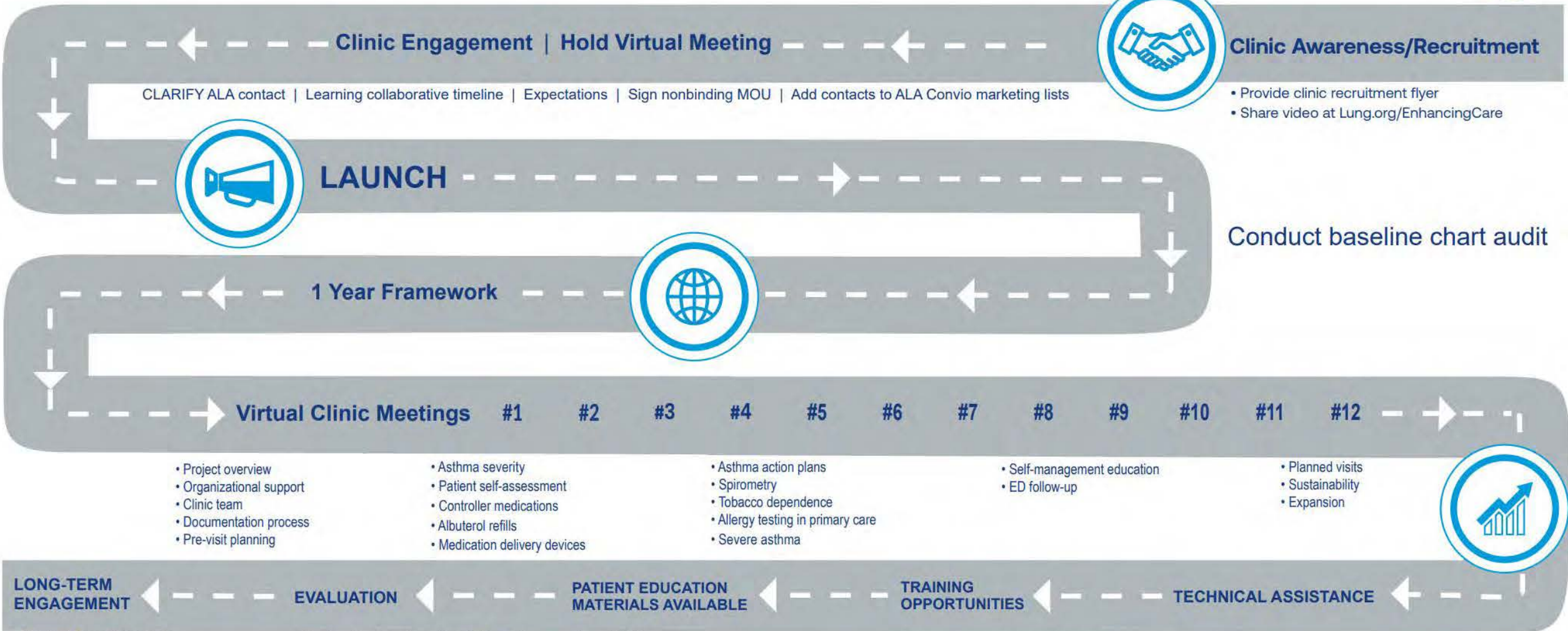
Emergency department visit follow-up

Planned visits

Asthma Quality Improvement Mapping

Virtual Format | Confidential

START PROJECT



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

#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

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)

Maintenance of Certification Part IV

Allergy and Immunology	1 practice assessment module
Family Medicine	1 module or 20 points depending on certification year
Internal Medicine	20 practice assessment points
OB/GYN	1 Part IV assessment
Pediatrics	1 Part IV activity or 25 points depending on certification year
Preventive Medicine	1 practice performance assessment

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 IOM Quality Report: A New Health System for the 21st Century

“The current care systems cannot do the job.”

“Trying harder will not work.”

“Changing care systems will.”

Typical Scenario



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.

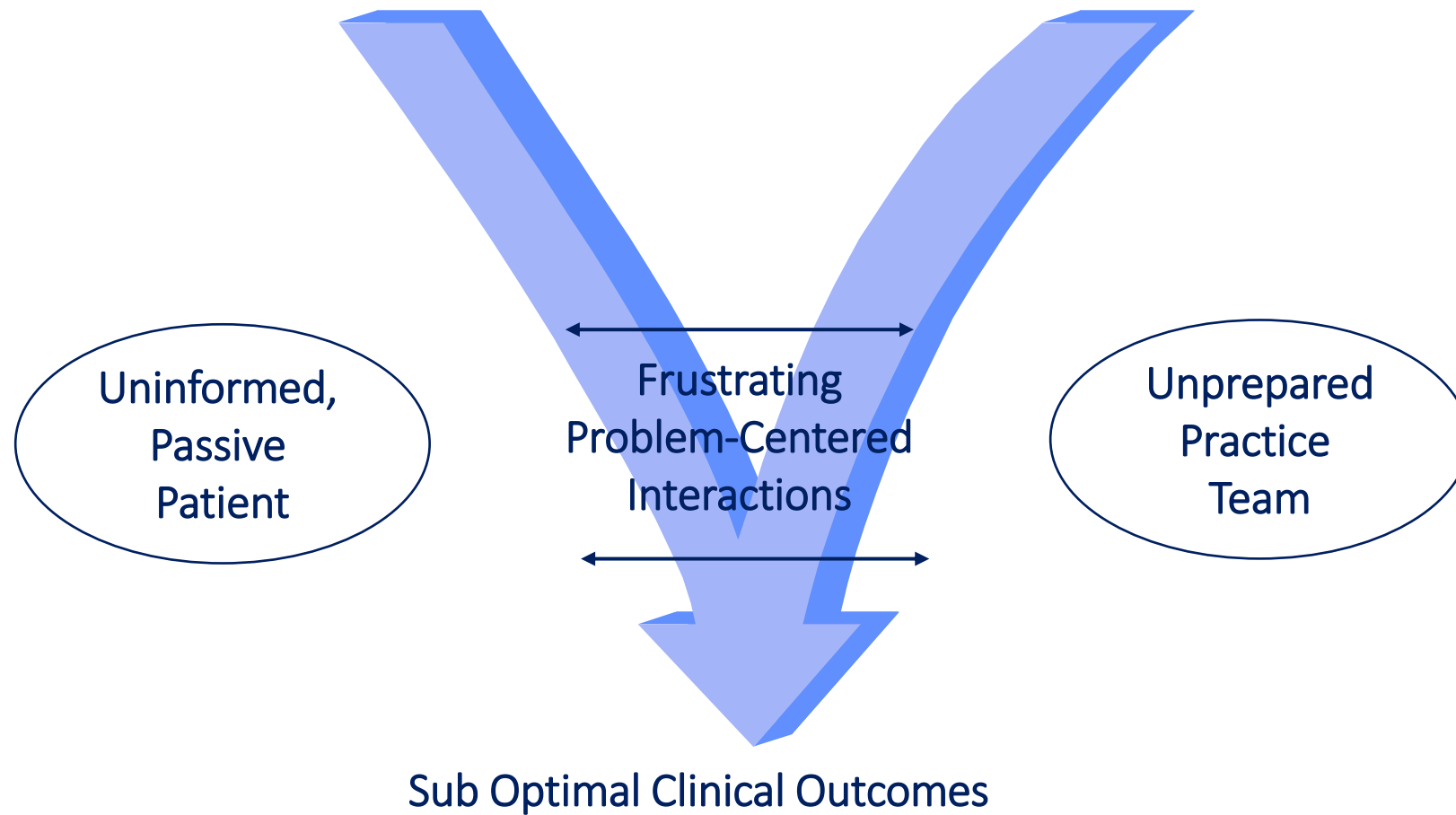
Patient's attempts to discuss difficulties in living with asthma are discouraged.

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

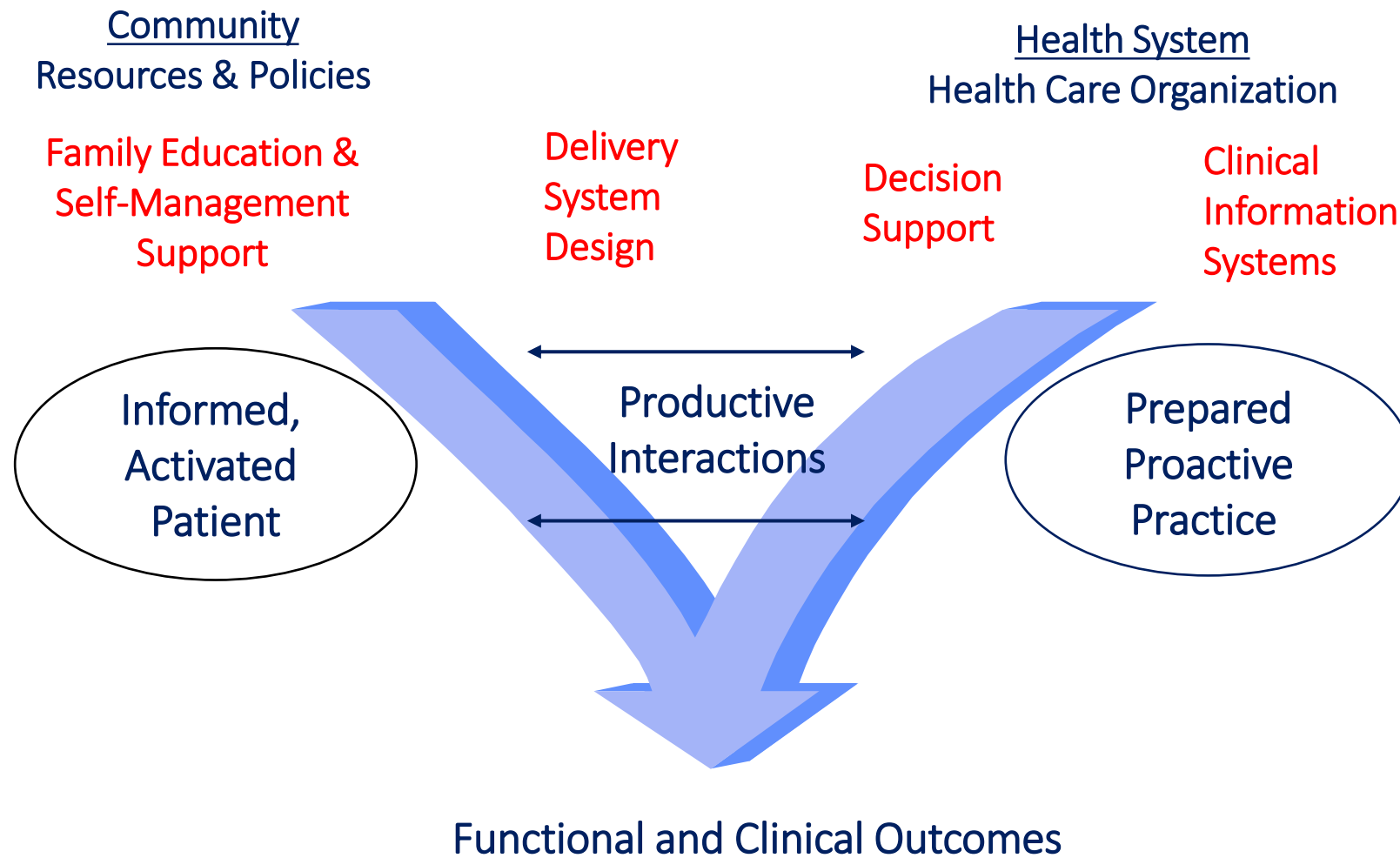


Better Vision



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



PDSA Model for Improvement

- Plan – Objective
- Who? What? Where? Why?

- What modifications?
- What's next cycle?

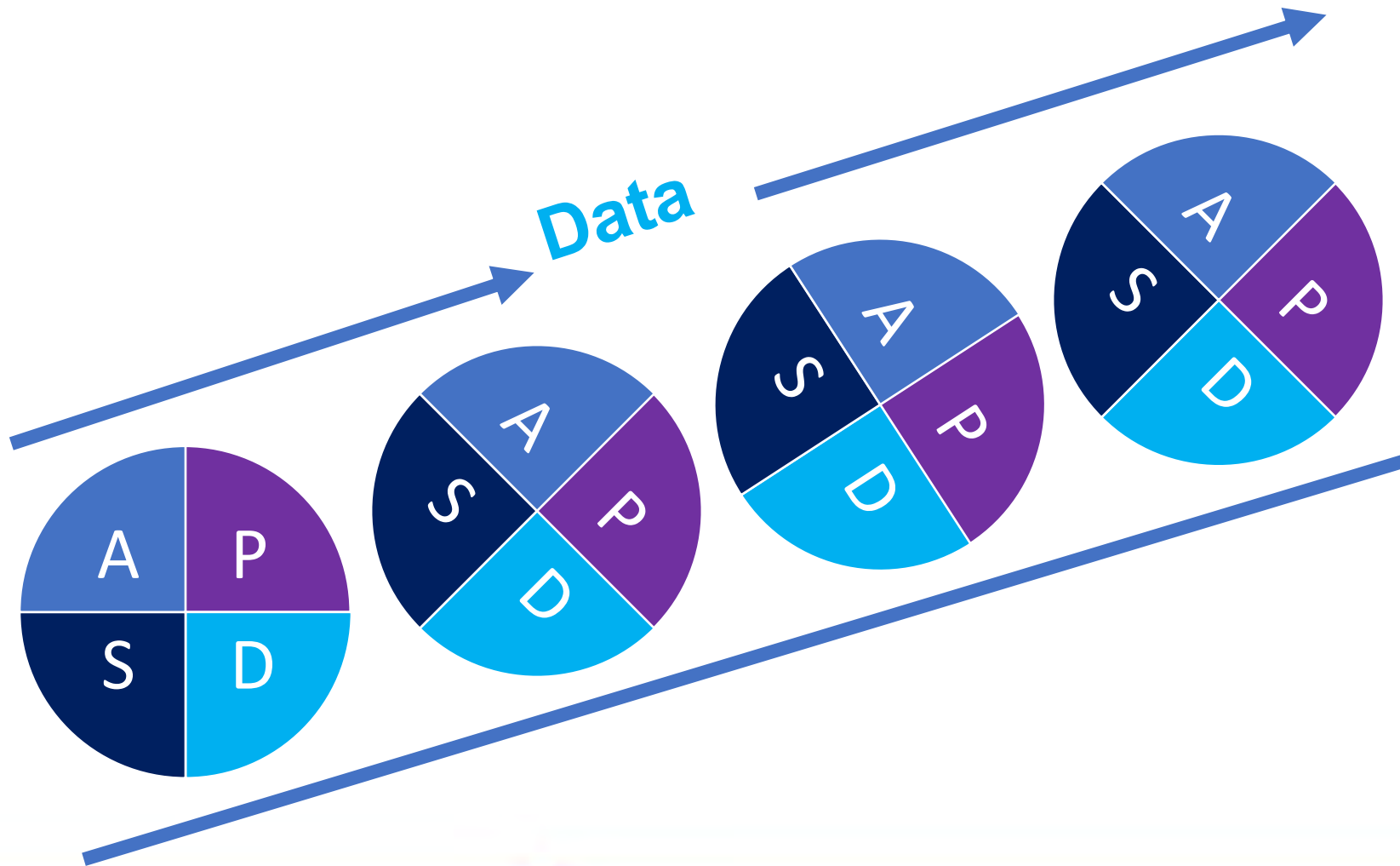


- Carry out plan
- Document experience
- Collect data

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

Repeated PDSA Cycles

Successive tests of a change build knowledge and create a ramp to improvement



**Knowledge
for Action**

Examples: Spirometry

Spirometry: Who?

	1	2	3
P	Christine (RN)	Four staff	Schedule
D			
S	Christine is overwhelmed	Pts still go to Christine	Works better
A	Need others	Need schedule	Continue

Examples: Spirometry, cont'd...

Spirometry: Where conducted?

	1	2	3
P	Exam room	Nurse visit	Procedure room
D			
S	Ties up room	No shows	Works well
A	Nurse visit	Same day	Continue procedure room

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



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

Lung Health & Diseases Quit Smoking Clean Air Research & Reports Policy & Advocacy Get Involved **DONATE**

[Home](#) > [Professional Education](#) > [Health Systems Improvement](#) > Asthma Quality Improvement Resources

Asthma Quality Improvement Resources

[f](#) [t](#) [in](#) [✉](#) [+](#)

Professional Education

Training & Certification

The American Lung Association Quality Improvement Team is pleased to provide this resource page for health systems participating in Project BREATHE and Enhancing Care for Children with Asthma programs. This page supplements the technical assistance and training provided by the Lung Association. This online library will assist health care professionals in their asthma quality improvement journey with the Lung Association.



QI and PDSA

Quality improvement is used to systematically improve care. Quality improvement seeks to standardize processes to reduce variation, achieve results, and improve health outcomes.

Here you will find quality improvement tools to successfully implement a QI program at your institution.

Resources

- [2020 ALA Clinic Quality Improvement Map](#)
- [2021 ALA Clinic Quality Improvement Map](#)
- [Chart Audit Form](#)
- [Journal of Asthma March 2020: Reducing Potentially Preventable Health Events](#)
- [Journal of Asthma May 2018: Enhancing guideline-based asthma care processes through a multi-state, multi-center quality improvement program](#)
- [Journal of Primary Care and Comm. Health: Translational Effect of Provider-Focused, Multi-State, Multi-Clinic Asthma Care Quality Improvement Program on Patient-Level Health Care Costs](#)
- [PDSA Worksheet for Testing Change](#)
- [Systems Change Process Grid](#)



Asthma Management and Guidelines

Asthma guidelines provide evidence-based recommendations to ensure the highest-quality asthma care. The National Heart Lung and Blood Institute (NHLBI) develops clinical practice guidelines based on the best available science.

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.