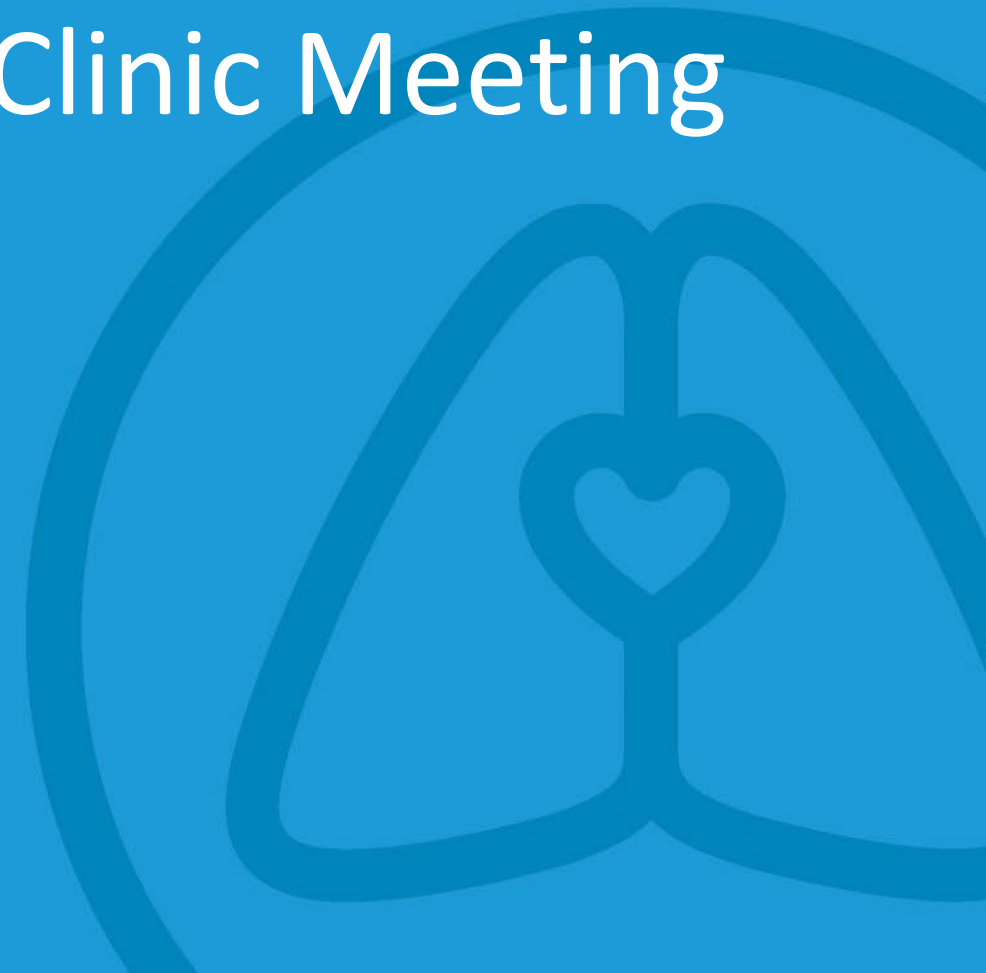




Enhancing Asthma Care

Virtual Joint Clinic Meeting #8



Overview of Today's Meeting

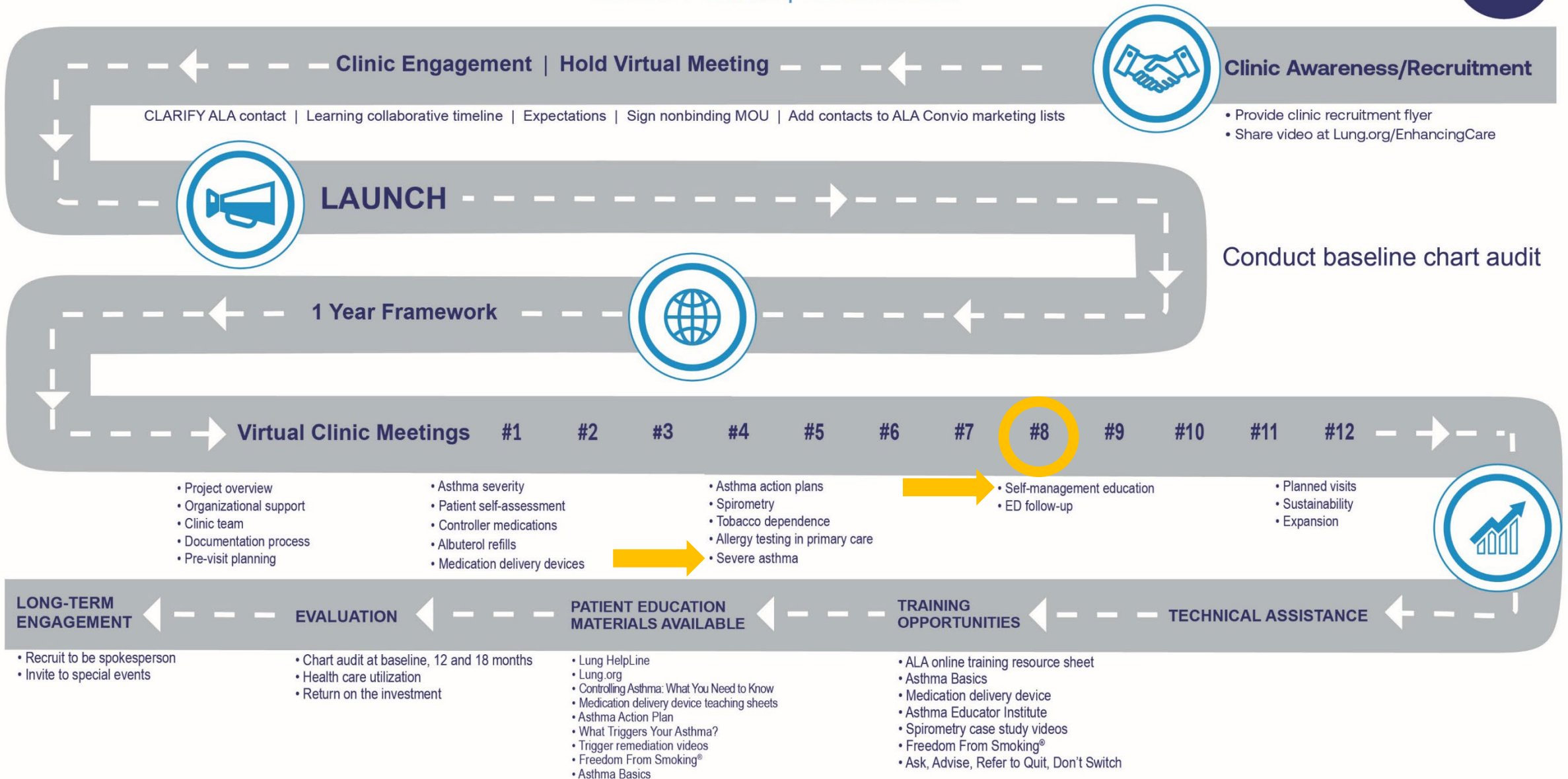


1. Clinic Updates
 - Spirometry plans
2. QI Component – Asthma Self-Management Education (ASME) / Patient Education
3. QI Component – Severe Asthma
4. Assign homework
5. Next steps/next meeting

Asthma Quality Improvement Mapping

Virtual Format | Confidential

START PROJECT





Component #12

Asthma Self-Management Education

Care Coordination

Medication
reconciliation

Review technique

ID symptoms/
exacerbations

Self-Management
(action plan,
symptom
awareness)

Smoking cessation

Resources (support
groups, community
resources)

Self-Management

- Help our patients help themselves
- Provide knowledge, confidence, and motivation
- Patients' actions make the most difference in how well their chronic illness is controlled

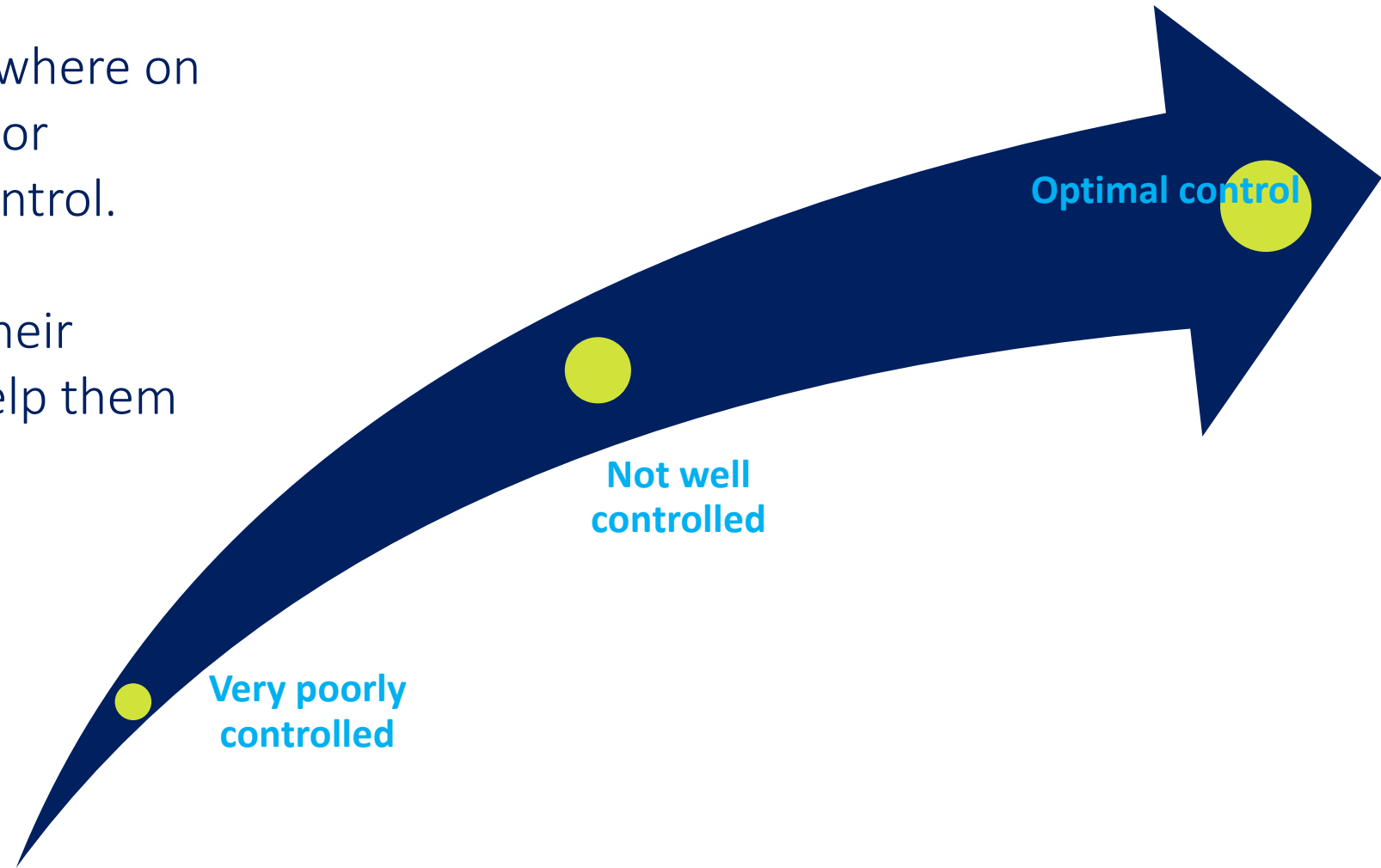
Providers are the Cheerleaders and Can Help Make the Plan



- Patients see providers as experts.
- Collaborative decision-making and brief interventions are effective.
- Don't give up!
 - Deliver consistent health messages
 - May take **several visits** before patient/family is ready to make a change
 - Think small steps for success
- Primary care providers are uniquely positioned to help:
 - We have a relationship with patient/family
 - We know social situation, cultural factors, and family and health history

Moving Our Patients Along

- Each patient is somewhere on a **continuum** from poor control to optimal control.
- Our job is to locate their current **status** and help them improve one step at a time.



Goal Setting

Listen to
patient/family

Ask for
input from
patient/family

Small steps

Patient-
centered

Document
and follow-up

Effect of Goal Setting In Asthma Self-Management Education: A Systematic Review

Goal setting improves:

Symptom
control

Quality
of life

Self-
efficacy

Setting Self-Management Goals with Your Patient



- Assess the patient and his/her situation.
- Explain goal setting.
- Ask the patient for a goal in his/her own words.
- Ask the patient how certain (1-10) that the goal will be achieved.
- Identify barriers to reaching the goal and strategies to solve these problems.
- Write goal in chart and for the patient to take home.
- Set date (follow-up visit?) to review the goal.

Who Should Assist Patients in Setting Self-Management Goals



Provider and
non-provider



Non-provider may have
more time



Document in EMR for
follow-up

Large and Small Asthma Goals

Large Goals



- Take controller regularly
- Follow Asthma Action Plan
- Maintain smoke-free home
- Avoid triggers
- Understand pathophysiology of asthma

Small Goals



- Use a medication tracker
- Use valved-holding chamber
- Remove stuffed animals from sleeping area
- Have Ibuterol available - school nurse office (gym)
- Keep copy of AAP on fridge, at school

Case Study

Cassie Cough: 14 years old



- Cassie Cough is a 14-year-old female with moderate persistent asthma.
- She has been seen in the ED 3 times in the past year.
- Her medications include Flovent 110 2 puffs BID, Singulair 10 mg po QHS (every night at bedtime), and albuterol PRN.
- She admits to forgetting her Flovent and Singulair regularly because she lives at her grandmother's house during the week and at her mother's house on the weekends.
- Inhaler technique is adequate, but she does not use a spacer.
- Cassie confides that she does not want to go to the ED because of the bills her grandmother has to pay.

What Happened with Cassie?



- Barriers included forgetting her medicine:
 - At her grandmother's home
 - Which to take and when
- Solutions may include:
 - A valve holding chamber that she can keep in her purse
 - Medication chart to track medication use
 - Writing an AAP for both houses

What may motivate and engage Cassie?

What Happened with Cassie, *cont'd...*

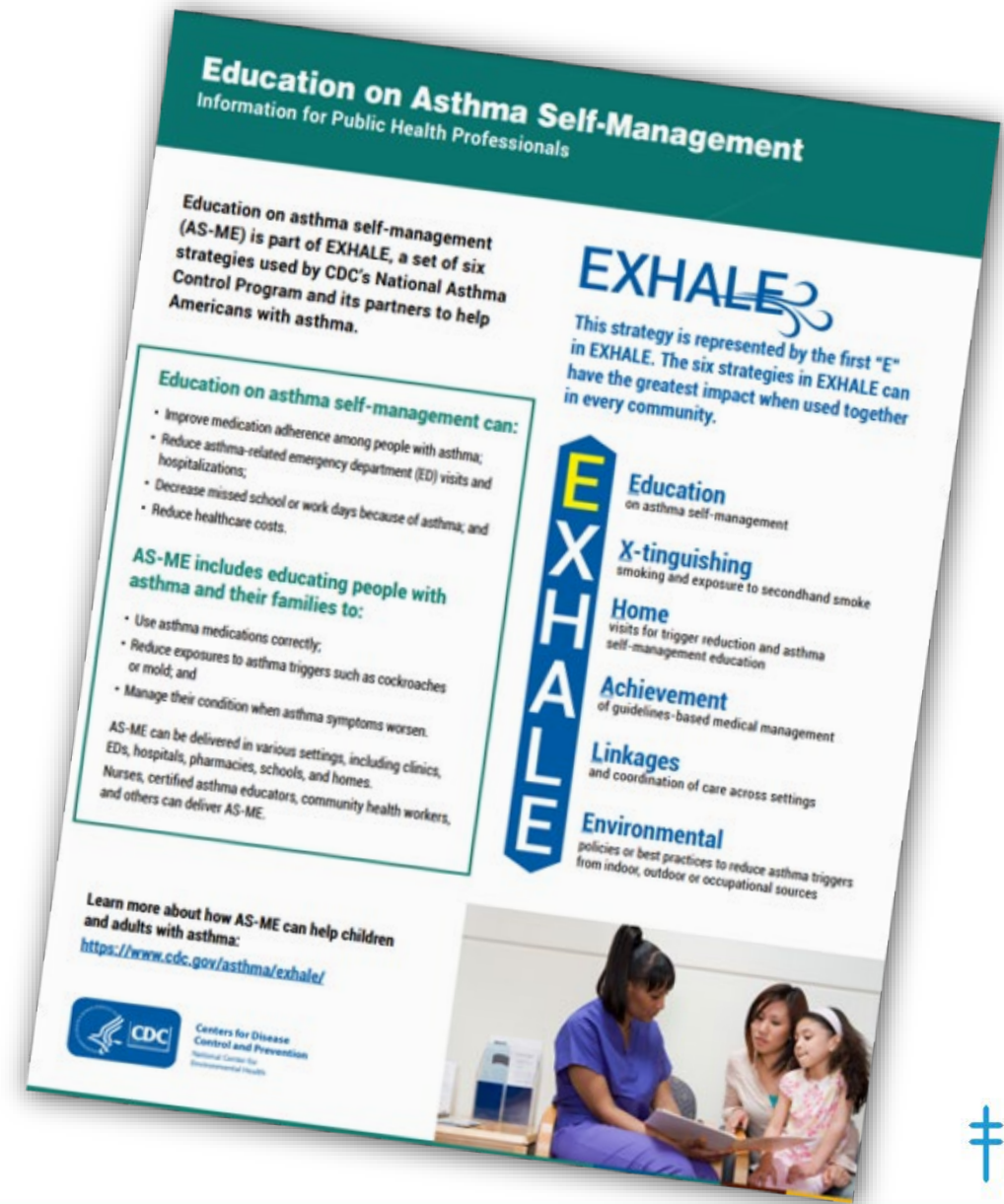


- Goal setting was explained to Cassie.
- Cassie set the goal of “taking her controller medication every day.”
- On the scale of 1-10, she stated that she was about a 7 on certainty.
- Goal was written twice on paper to be posted in Cassie’s bathrooms and was also written in the chart.

Asthma Self-Management Education Facilitator Programs

Programs include:

- Breathe Well, Live Well (Adults)
- Kickin' Asthma (11-16 y/o)
- Open Airways for Schools (8-11 y/o)





Component #13

Severe Asthma

Primary Care's Role in Severe Asthma

The "10%"



NHLBI Severity Rating

INITIAL VISIT: CLASSIFYING ASTHMA SEVERITY AND INITIATING THERAPY

(in patients who are not currently taking long-term control medications)

Level of severity (Columns 2-5) is determined by events listed in Column 1 for both impairment (frequency and intensity of symptoms and functional limitations) and risk (of exacerbations). Assess impairment by patient's or caregiver's recall of events during the previous 2-4 weeks; assess risk over the last year. Recommendations for initiating therapy based on level of severity are presented in the last row.

| Components of Severity | Intermittent | | | Persistent | | | | | | | | | |
|--|---|---|---|---|---|-------------------------|----------------|--|--------------------------|----------------|--------------------|--------------------------|------|
| | Ages 0-4 years | Ages 5-11 years | Ages ≥12 years | Mild | | | Moderate | | | Severe | | | |
| | | | | Ages 0-4 years | Ages 5-11 years | Ages ≥12 years | Ages 0-4 years | Ages 5-11 years | Ages ≥12 years | Ages 0-4 years | Ages 5-11 years | Ages ≥12 years | |
| Impairment | Symptoms | ≤2 days/week | | | >2 days/week but not daily | | | Daily | | | Throughout the day | | |
| | Nighttime awakenings | 0 | ≤2x/month | | 1-2x/month | 3-4x/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 | | | >2 days/week but not daily | | | >2 days/week but not daily and not more than once on any day | | | Daily | | |
| | Interference with normal activity | None | | | Minor limitation | | | Some limitation | | | Extremely limited | | |
| | Lung function | Not applicable | Normal FEV ₁ between exacerbations | Normal FEV ₁ between exacerbations | Not applicable | >80% | >80% | Not applicable | 60-80% | 60-80% | Not applicable | <60% | <60% |
| | → FEV ₁ * (% predicted) | | >80% | >80% | | >80% | 75-80% | | Reduced 5% [†] | <75% | | Reduced >5% [†] | |
| → FEV ₁ /FVC* | >85% | Normal [†] | >80% | Normal [†] | 75-80% | Reduced 5% [†] | <75% | Reduced >5% [†] | | | | | |
| Risk | Asthma exacerbations requiring oral systemic corticosteroids [‡] | 0-1/year | | | ≥2 exacerb. in 6 months, or wheezing ≥4x per year lasting >1 day AND risk factors for persistent asthma | | | ≥2/year | | | ≥2/year | | |
| | | <i>Generally, more frequent and intense events indicate greater severity.</i> | | | | | | | | | | | |
| 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 FEV ₁ *. | | | | | | | | | | | | | |
| Recommended Step for Initiating Therapy (See "Stepwise Approach for Managing Asthma Long Term," page 7) The stepwise approach is meant to help, not replace, the clinical decisionmaking needed to meet individual patient needs. | | | | | | | | | | | | | |
| Step 1 Step 2 Step 3 Step 3 medium-dose ICS* option Step 3 Step 3 Step 3 medium-dose ICS* option or Step 4 Step 4 or 5 | | | | | | | | | | | | | |
| Consider short course of oral systemic corticosteroids. | | | | | | | | | | | | | |
| In 2-6 weeks, depending on severity, assess level of asthma control achieved and adjust therapy as needed. For children 0-4 years old, if no clear benefit is observed in 4-6 weeks, consider adjusting therapy or alternate diagnoses. | | | | | | | | | | | | | |

1. Daytime symptoms
2. Nighttime symptoms
3. SABA use
4. Interference with daily activities
5. Lung function

Chart from Asthma Care Quick Reference (NHLBI, 2012)

Stepwise Approach

AGES 0-4 YEARS: STEPWISE APPROACH FOR MANAGEMENT OF ASTHMA

| | Intermittent Asthma | Management of Persistent Asthma in Individuals Ages 0-4 Years | | | | |
|-------------|---|---|--|---|---|--|
| Treatment | STEP 1 | STEP 2 | STEP 3 | STEP 4 | STEP 5 | STEP 6 |
| Preferred | PRN SABA and At the start of RTI: Add short course daily ICS [▲] | Daily low-dose ICS and PRN SABA | Daily low-dose ICS-LABA and PRN SABA [▲] or Daily low-dose ICS + montelukast,* or daily medium-dose ICS, and PRN SABA | Daily medium- dose ICS-LABA and PRN SABA | Daily high-dose ICS-LABA and PRN SABA | Daily high-dose ICS-LABA + oral systemic corticosteroid and PRN SABA |
| Alternative | | Daily montelukast* or Cromolyn,* and PRN SABA | | Daily medium- dose ICS + montelukast* and PRN SABA | Daily high-dose ICS + montelukast* and PRN SABA | Daily high-dose ICS + montelukast*+ oral systemic corticosteroid and PRN SABA |
| | | | For children age 4 years only, see Step 3 and Step 4 on Management of Persistent Asthma in Individuals Ages 5-11 Years diagram. | | | |

Stepwise Approach

AGES 5-11 YEARS: STEPWISE APPROACH FOR MANAGEMENT OF ASTHMA

| | Intermittent Asthma | Management of Persistent Asthma in Individuals Ages 5-11 Years | | | | |
|-------------|---------------------|---|---|---|--|--|
| Treatment | STEP 1 | STEP 2 | STEP 3 | STEP 4 | STEP 5 | STEP 6 |
| Preferred | PRN SABA | Daily low-dose ICS and PRN SABA | Daily and PRN combination low-dose ICS-formoterol [▲] | Daily and PRN combination medium-dose ICS-formoterol [▲] | Daily high-dose ICS-LABA and PRN SABA | Daily high-dose ICS-LABA + oral systemic corticosteroid and PRN SABA |
| Alternative | | Daily LTRA,* or Cromolyn,* or Nedocromil,* or Theophylline,* and PRN SABA | Daily medium-dose ICS and PRN SABA or Daily low-dose ICS-LABA, or daily low-dose ICS + LTRA,* or daily low-dose ICS + Theophylline,* and PRN SABA | Daily medium-dose ICS-LABA and PRN SABA or Daily medium-dose ICS + LTRA* or daily medium-dose ICS + Theophylline,* and PRN SABA | Daily high-dose ICS + LTRA* or daily high-dose ICS + Theophylline,* and PRN SABA | Daily high-dose ICS + LTRA* + oral systemic corticosteroid or daily high-dose ICS + Theophylline* + oral systemic corticosteroid, and PRN SABA |
| | | Steps 2-4: Conditionally recommend the use of subcutaneous immunotherapy as an adjunct treatment to standard pharmacotherapy in individuals ≥ 5 years of age whose asthma is controlled at the initiation, build up, and maintenance phases of immunotherapy [▲] | | | Consider Omalizumab ^{**▲} | |

Stepwise Approach

AGES 12+ YEARS: STEPWISE APPROACH FOR MANAGEMENT OF ASTHMA

| | Intermittent Asthma | Management of Persistent Asthma in Individuals Ages 12+ Years | | | | |
|-------------|---------------------|---|--|--|---|---|
| Treatment | STEP 1 | STEP 2 | STEP 3 | STEP 4 | STEP 5 | STEP 6 [■] |
| Preferred | PRN SABA | Daily low-dose ICS and PRN SABA or PRN concomitant ICS and SABA [▲] | Daily and PRN combination low-dose ICS-formoterol [▲] | Daily and PRN combination medium-dose ICS-formoterol [▲] | Daily medium-high dose ICS-LABA + LAMA and PRN SABA [▲] | Daily high-dose ICS-LABA + oral systemic corticosteroids + PRN SABA |
| Alternative | | Daily LTRA* and PRN SABA or Cromolyn,* or Nedocromil,* or Zileuton,* or Theophylline,* and PRN SABA | Daily medium-dose ICS and PRN SABA or Daily low-dose ICS-LABA, or daily low-dose ICS + LAMA, [▲] or daily low-dose ICS + LTRA,* and PRN SABA or Daily low-dose ICS + Theophylline* or Zileuton,* and PRN SABA | Daily medium-dose ICS-LABA or daily medium-dose ICS + LAMA, and PRN SABA [▲] or Daily medium-dose ICS + LTRA,* or daily medium-dose ICS + Theophylline,* or daily medium-dose ICS + Zileuton,* and PRN SABA | Daily medium-high dose ICS-LABA or daily high-dose ICS + LTRA,* and PRN SABA | |
| | | Steps 2-4: Conditionally recommend the use of subcutaneous immunotherapy as an adjunct treatment to standard pharmacotherapy in individuals ≥ 5 years of age whose asthma is controlled at the initiation, build up, and maintenance phases of immunotherapy [▲] | | | Consider adding Asthma Biologics (e.g., anti-IgE, anti-IL5, anti-IL5R, anti-IL4/IL13)** | |

Biologics



- Typically reserved for patients with severe asthma
- Patients must have certain biomarkers for some agents
- Biologics currently available

| IgE blocker | IL-4/IL-13 blocker | IL-5 blocker | TSLP blocker |
|---------------------|----------------------|---|--------------------------------|
| Xolair (omalizumab) | Dupixent (dupilumab) | 1. Cinquair (reslizumab) 2. Fasentra (benralizumab) 3. Nucala (mepolizumab) | Tezspire (tezepelumab-ekko) |

- May require a prior authorization due to cost
- Most now have subcutaneous formulation for ease of administration by the patient or caregiver/parent

Resources

- **New! Biologics Tool Developed**
 - *will be sent out in email summary*
 - *Also on QI Resource webpage*
- [Severe Asthma Website](#)
- [Severe Asthma Treatment Planning Tool](#)



Homework | Taking it Back to Your Clinic



1. Share process your clinic will work on for **asthma self-management education**
2. Share our **severe asthma reference with providers**