

Measure	Documented Frequency	Recommendation
<ul style="list-style-type: none"> *Symptom Frequency <ul style="list-style-type: none"> Daytime Nighttime 	At least annually	<p>Assess and Document Asthma Symptoms</p> <p>EPR-3: Assess and document asthma symptoms using a frequency within a specified timeframe, i.e.:</p> <ul style="list-style-type: none"> “No day or night cough in past 4 weeks” “Coughing at night past 3 nights”
<ul style="list-style-type: none"> *Asthma Severity <ul style="list-style-type: none"> Intermittent Mild Persistent Moderate Persistent Severe Persistent 	Established upon diagnosis, documented at least annually	<p>Assess and Classify Asthma Severity</p> <ul style="list-style-type: none"> All patients should have an initial severity classification in order to determine initial type and level of therapy needed Determined by baseline impairment (control + lung function) & risk (exacerbations requiring oral steroids)
<ul style="list-style-type: none"> Assess and Monitor Asthma Control <ul style="list-style-type: none"> Well Controlled Not Well Controlled Poorly Controlled 	All asthma visits, should also consider doing at WCC visits	<p>Assess Asthma Control</p> <ul style="list-style-type: none"> Frequency of Nighttime Symptoms, SABA use, and interference with normal activity using validated questionnaires, i.e. ACT <ul style="list-style-type: none"> Use of albuterol > 2 x/wk for symptoms indicates Not Well or Poorly Controlled Asthma Lung Function / Spirometry Number of exacerbations requiring oral steroids in the past year <ul style="list-style-type: none"> 2 or more indicates Not Well or Poorly Controlled Asthma Likelihood of recurring exacerbations Consider social, developmental, environmental, and economic factors Use requests for asthma medication refills to phone triage asthma control
<ul style="list-style-type: none"> *ICS as Control Medication prescribed for Persistent Asthma 		<p>Prescribe ICS for Any Form of Persistent Asthma</p> <ul style="list-style-type: none"> Step-Up and Step-Down daily control medication (single ICS or combination ICS/LABA) based on asthma control assessment <p>Medication Adherence</p> <ul style="list-style-type: none"> Spacers should be used with all MDIs. Encourage associating daily ICS with other routines, i.e. brushing teeth Be prepared to address concerns about ICS short and long-term use, emphasize safety BID medication adherence can be very challenging – consider using a medication with QD dosing efficacy Consider using less puffs of more concentrated ICS, which can last longer, and reduce frequency of co-pays Reinforce goal to use the least amount of medication needed to provide optimal asthma control
<ul style="list-style-type: none"> *Individual Trigger Identification <ul style="list-style-type: none"> Environmental allergies 	<p>Upon diagnosis</p> <p>Review at each visit and update</p>	<p>Identify Asthma Triggers</p> <ul style="list-style-type: none"> Determine and review each patient’s environmental allergies and irritants: <ul style="list-style-type: none"> Assess for exposure to tobacco smoke (anywhere) Decrease exposure to known triggers at home, school, and work

<ul style="list-style-type: none"> • Airway Irritants/Tobacco smoke • Viral • Exercise 	<p>based on control</p>	<ul style="list-style-type: none"> ○ Assess changes to environment • Consider skin or IgE-specific testing to confirm sensitivity for all patients with asthma control concerns <ul style="list-style-type: none"> ○ Helps to narrow focus (&cost) of environmental interventions • Consider referral for immunotherapy, anti-IgE therapy, other biologic therapies, or home environmental assessment for patients whose asthma is not well controlled
<ul style="list-style-type: none"> • *Patient/Family Education <ul style="list-style-type: none"> • Technique for using inhaled medication • Environmental Control of personal trigger exposure • 3-zone Written Asthma/Treatment Plan 	<p>At least annually with a select focus at each follow-up visit</p>	<p>Promote Self Managing Efficacy</p> <ul style="list-style-type: none"> • Review medications (daily control and quick-relief), adherence, and inhalation technique at each visit <ul style="list-style-type: none"> ○ Encourage patients to bring all current meds and spacer to follow-up visits to assess inhalation technique ○ Utilize “Teach-back” video • Provide educational materials that focus on individual triggers, i.e. dust-mites, pets, seasonal pollens, cockroaches/mice • Develop or update a Written Asthma Action/Treatment Plan in partnership with patient/family <ul style="list-style-type: none"> ○ Agree on treatment goals ○ Empower to increase medications in response to worsening asthma symptoms and when to seek medical care ○ Praise successes, address concerns, and strategize approaches to improve control and/or adherence ○ Give enough copies of the Asthma Plan for each home the child lives in and the school <ul style="list-style-type: none"> ▪ Empower the school nurse to be an effective partner on the asthma team by reinforcing your asthma plan • Integrate education into all points of care
<ul style="list-style-type: none"> • *Influenza Vaccination 	<p>Annually</p>	<p>Promote Flu Vaccine</p> <ul style="list-style-type: none"> • All patients > 6 months of age
<ul style="list-style-type: none"> • *Follow-up visit recommended <ul style="list-style-type: none"> • Documented as a specific timeframe as part of every asthma visit (“PRN” not acceptable) 	<p>Every asthma visit</p>	<p>Document Next Follow-Up Visit</p> <ul style="list-style-type: none"> • While initiating therapy or stepping-up to improve control: <ul style="list-style-type: none"> ○ 2-6 week intervals • After control is achieved: <ul style="list-style-type: none"> ○ 1-6 month intervals ○ 3 months if stepping-down therapy is anticipated • The non-exacerbation/planned follow-up visit is the most appropriate time to: <ul style="list-style-type: none"> ○ Assess Control ○ Step-up or down medications and review/revise the Asthma Plan ○ Address barriers/educational gaps to adequate control and patient/family concerns ○ Plan care coordination as needed with community, school, and specialty providers
<ul style="list-style-type: none"> • Spirometry 	<p>Upon diagnosis, and at least annually</p>	<p>Obtain Objective Measure of Lung Function</p> <ul style="list-style-type: none"> • At diagnosis to determine that airway obstruction is at least partially reversible and • Repeat spirometry <ul style="list-style-type: none"> ○ At least annually ○ As needed to assess control or after stepping up or down therapy

References

Guidelines for the Diagnosis and Management of Asthma Expert Panel Report 3 (2007). National Institutes of Health: <https://www.nlm.nih.gov/health-pro/guidelines/current/asthma-guidelines/>

Asthma Care Quick Reference, National Asthma Education and Prevention Program (NAEPP), (updated 2011)

http://www.nlm.nih.gov/files/docs/guidelines/asthma_qrg.pdf

Correlation of care process measures with childhood asthma exacerbations: <http://pediatrics.aappublications.org/content/early/2012/11/27/peds.2012-1144>

Provider demonstration and assessment of child device technique during pediatric asthma visits: <http://pediatrics.aappublications.org/content/127/4/642.full>

Helping low-income families manage childhood asthma: Solutions for Healthcare & Beyond (2014): <http://www.dcapleseed.com/wp-content/uploads/2014/04/policy-brief-FINAL.pdf>

Asthma self-management education and environmental management: Approaches to enhancing reimbursement (2013). CDC's National Asthma Control Program: http://www.cdc.gov/asthma/pdfs/Asthma_Reimbursement_Report.pdf

Practice Guides

Goals of Asthma Control

Reduce Impairment

- Prevent chronic symptoms
- Require infrequent use of SABA
- Maintain (near) normal lung function and normal activity levels

Reduce Risk

- Prevent exacerbations
- Minimize need for emergency care and hospitalization
- Prevent loss of lung function (or prevent reduced lung growth)
- Minimize adverse effects of therapy

Plain speak:

- ✓ Does your breathing stop you from doing any activities or sports that you want to do?
- ✓ Does your asthma bother you more than twice a week?
- ✓ Do you take your albuterol for symptoms more than twice a week?
- ✓ What can help you take your control medicine more consistently?
- ✓ Do you have any concerns about your medicine or any questions about your asthma?
- ✓ Do you understand why using a spacer is important?

Your Patient's Asthma Management Checklist:

___ Do you feel like your asthma is as well controlled as it could be?

___ Have you had a planned asthma visit (not for an acute attack or exacerbation) in the past 6 months?

___ Are you sure that you know what your asthma triggers and allergies are?

___ Do you know how to avoid your asthma triggers and allergies?

___ Do you have a copy of an Asthma Action Plan that you understand and know how to use?