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Enhancing Asthma Care

Virtual Joint Clinic Meeting #3

Overview of Today's Meeting

1. Clinic updates
2. Review of 2020 Asthma Guidelines focused updates
3. QI Component # 5- Pre-visit planning (rooming process)
4. QI Component # 6- Virtual asthma management
5. Assign homework
6. Next steps/next meeting

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Asthma Quality Improvement Mapping

Virtual Format | Confidential

START PROJECT

Clinic Awareness/Recruitment

- Provide clinic recruitment flyer
- Share video at Lung.org/EnhancingCare

Clinic Engagement | Hold Virtual Meeting

CLARIFY ALA contact | Learning collaborative timeline | Expectations | Sign nonbinding MOU | Add contacts to ALA Convio marketing lists

LAUNCH

Conduct baseline chart audit

1 Year Framework

Virtual Clinic Meetings #1 #2 #3 #4 #5 #6 #7 #8 #9 #10 #11 #12

#1
- Project overview
- Organizational support
- Clinic team
- Documentation process
- Pre-visit planning

#2 #3
- Asthma severity
- Patient self-assessment
- Controller medications
- Albuterol refills
- Medication delivery devices

#4 #5 #6
- Asthma action plans
- Spirometry
- Tobacco dependence
- Allergy testing in primary care
- Severe asthma

#7 #8
- Self-management education
- ED follow-up

#9 #10 #11 #12
- Planned visits
- Sustainability
- Expansion

TECHNICAL ASSISTANCE

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

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

EVALUATION

- Chart audit at baseline, 12 and 18 months
- Health care utilization
- Return on the investment

LONG-TERM ENGAGEMENT

- Recruit to be spokesperson
- Invite to special events

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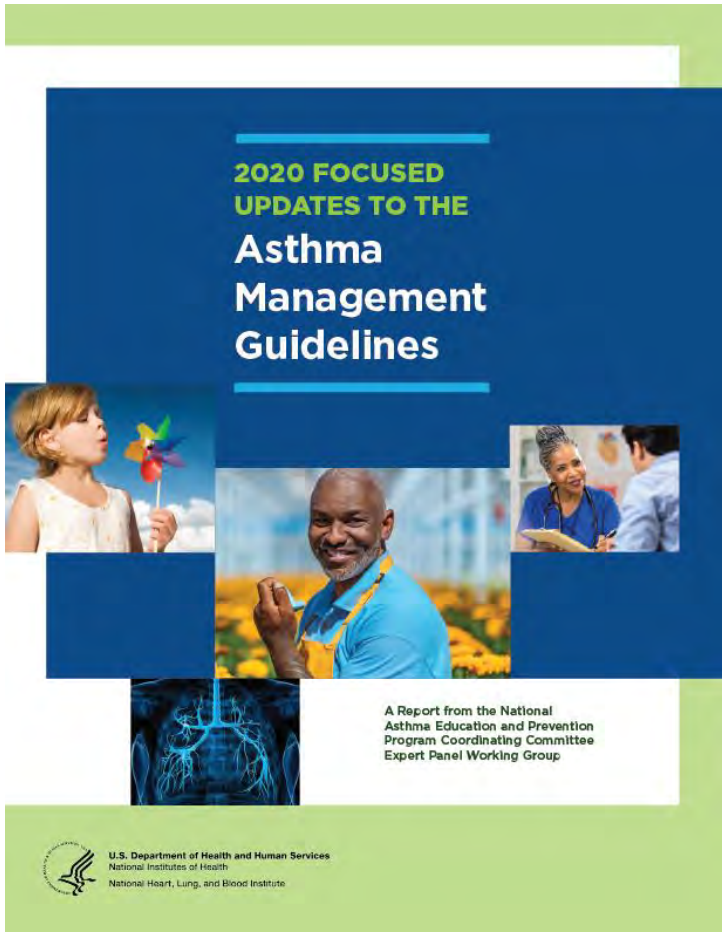
2020 Focused Updates to Asthma Management Guidelines

A Highlight for Primary Care

Six Areas of Focus: Three Specific to Primary Care



1. **Intermittent inhaled corticosteroids**
2. **Long-acting antimuscarinic agents (LAMAs)**
3. **Allergen mitigation**
4. **Immunotherapy**
5. **Exhaled nitric oxide (FeNO)**
6. **Bronchial thermoplasty (BT)**

https://www.nhlbi.nih.gov/health-topics/asthma-management-guidelines-2020-updates, last accessed 1/26/2021

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Intermittent Use of Inhaled Corticosteroids

Children ages 0-4 years with recurrent wheezing

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Intermittent Use of Inhaled Corticosteroids

Change - Treatment of Recurrent Wheezing in Children Ages 0-4

EPR3 Recommends

0-1 exacerbations per year requiring OCS or up to 3 episodes of wheezing

PRN SABA for quick-relief only

2020 Updates Recommends

Recurrent wheeze triggered by respiratory tract infections (RTI) and no wheezing between infections

Short course of daily low-dose ICS at onset of RTI with SABA for quick-relief

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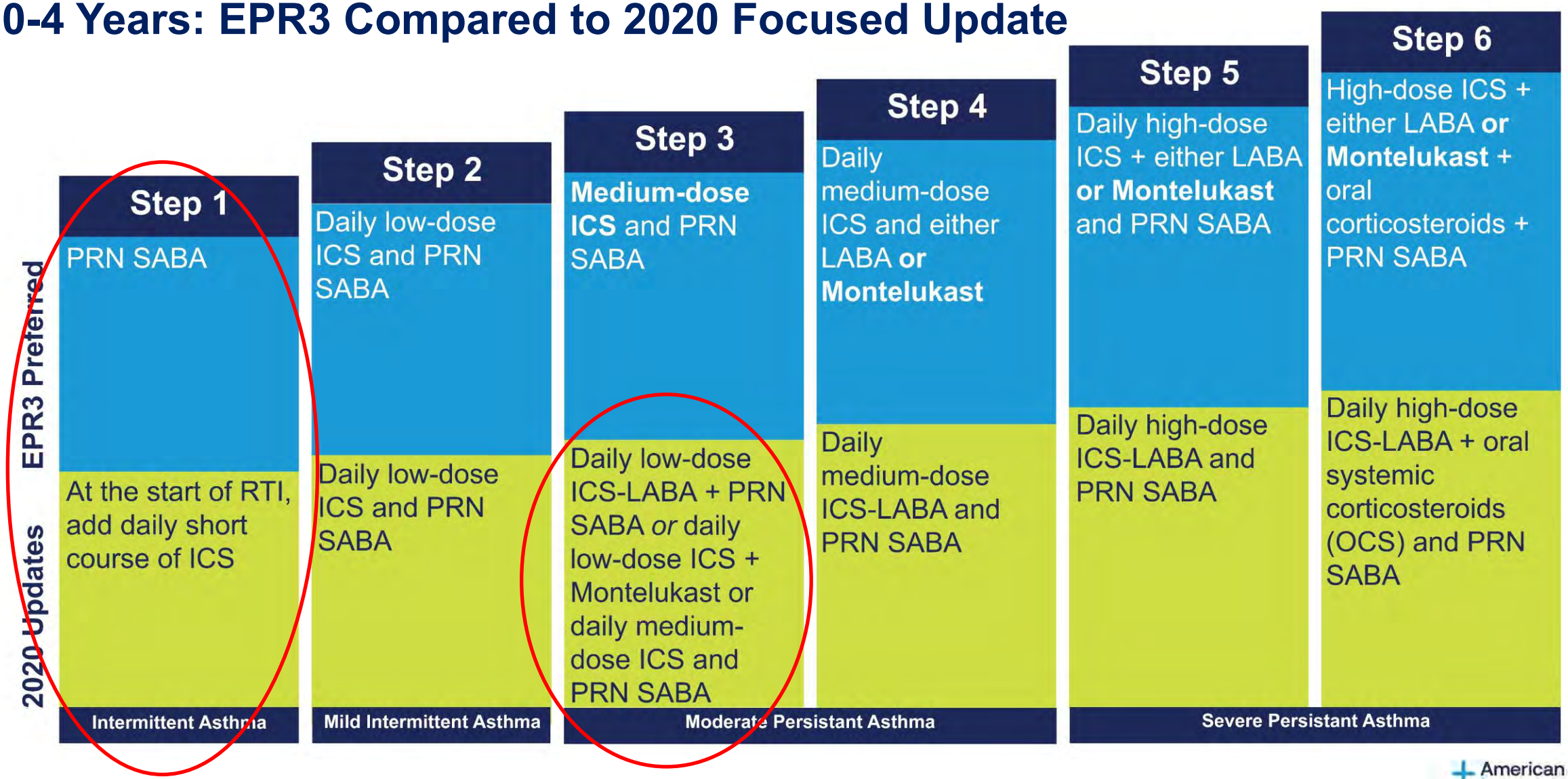
Intermittent Use of Inhaled Corticosteroids

0-4 Years: EPR3 Compared to 2020 Focused Update



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Ages 5 Through 11

EPR3 and 2020 Update Comparison

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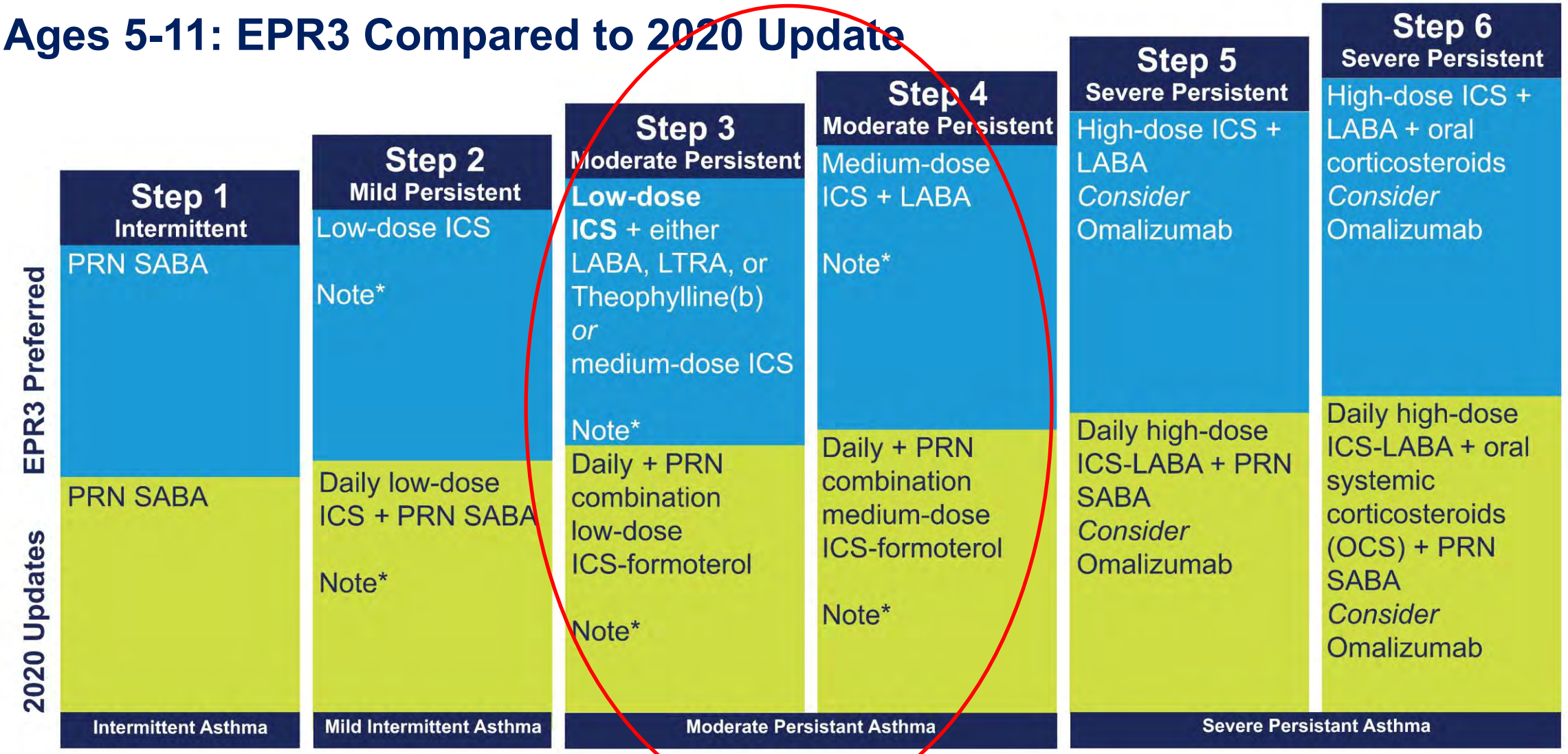
Stepwise Approach for Management of Asthma

Ages 5-11: EPR3 Compared to 2020 Update



Note Steps 2-4: Conditionally recommend the use of subcutaneous immunotherapy as an adjunct treatment in ≥5 years of age. If Step 4 or higher is needed, consider asthma specialist.

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Overuse of SABA Leads to Acute Exacerbations, ED Visits, and Death

SMART Therapy (Single Maintenance and Reliever Therapy)

Not new concept (Scicchitano 2004, Rabe 2006, Chapman 2010)

SMART is for Step 3 (low-dose ICS) and Step 4 (medium-dose ICS).

For individuals whose asthma is uncontrolled on ICS-LABA with SABA as quick-relief.

SMART used for controller therapy AND quick-relief therapy.

Patients with exacerbations in prior year are good candidates

Considerations: Lower risk of growth suppression, 1 month supply may not be sufficient for both controller and quick-relief; spacer recommended.

Meta-analysis of 16 randomly controlled trials with 22,748 patients. For patients ≥12 years, SMART was associated with reduced exacerbations compared to ICS at same dose or ICS-LABA at higher dose as controller therapy. (Sobieraj, D, 2018, JAMA).

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Current SMART Therapy Options

Symbicort MDI + Generic (budesonide/formoterol)

6-11 yo: 80/4.5 2 puffs 2x/day

≥12 yo: 80-160/4.5 2 puffs 2x/day

Spacer recommended

Max doses/day: 8 for children; 12 for adults

Dulera MDI (mometasone/ formoterol)

5-11 yo: 50/5 2 puffs 2x/day

≥12 yo: 100-200/5 2 puffs 2x/day

Spacer recommended

Max doses/day: 8 for children; 12 for adults

Symbicort DPI*: Ages ≥ 12: Dose 200/6 mcg 1 to 2 puffs twice daily; May increase to 4 puffs twice daily If ≥ 18 yo Max: 6 inhalations at a single time, no more than 12 inhalations daily

Symbicort DPI*: Ages 6-11 Dose 100/6 mcg 1 inhalation twice daily

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EPR3 vs. 2020 Update: Quick Relief Medications

5-11 AND 12 years and older

EPR3 Recommends

PRN SABA for quick-relief only, regardless of asthma severity.

Up to 2 tx of 2-6 puffs by MDI or neb tx, 20 minutes apart. Short course of systemic corticosteroids may be needed. (p. 382)

4-8 puffs every 20 for 4 hours (adults). For 3 doses, then every 1-4 hours (children). (p. 386)

2020 Update Recommends

In Steps 1, 2, 5, and 6, use PRN SABA.

In Steps 3 and 4, the preferred option is SMART Therapy.

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Ages 12 years and older

EPR3 and 2020 Update Comparison

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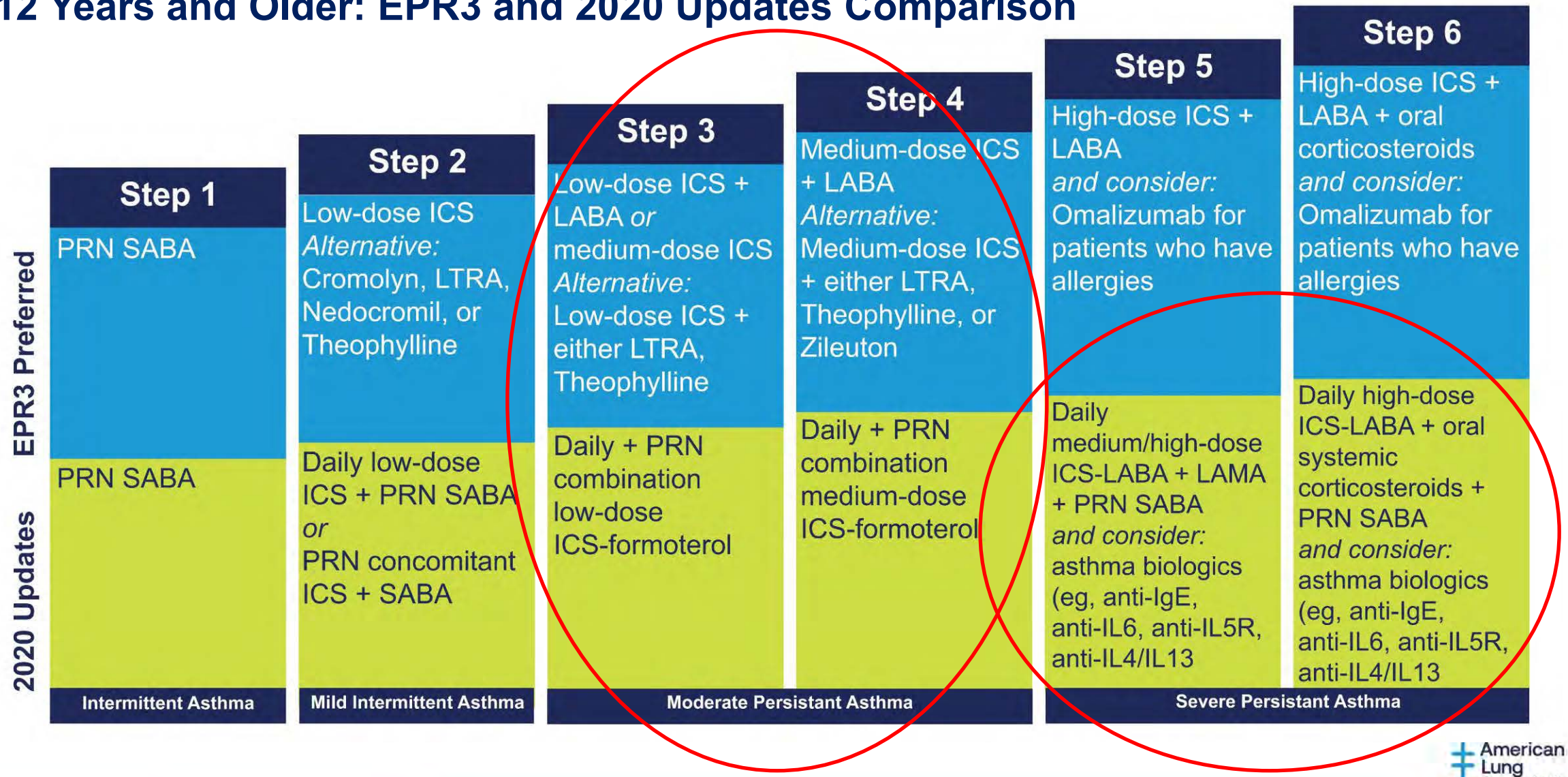
Stepwise Approach for Management of Asthma

12 Years and Older: EPR3 and 2020 Updates Comparison



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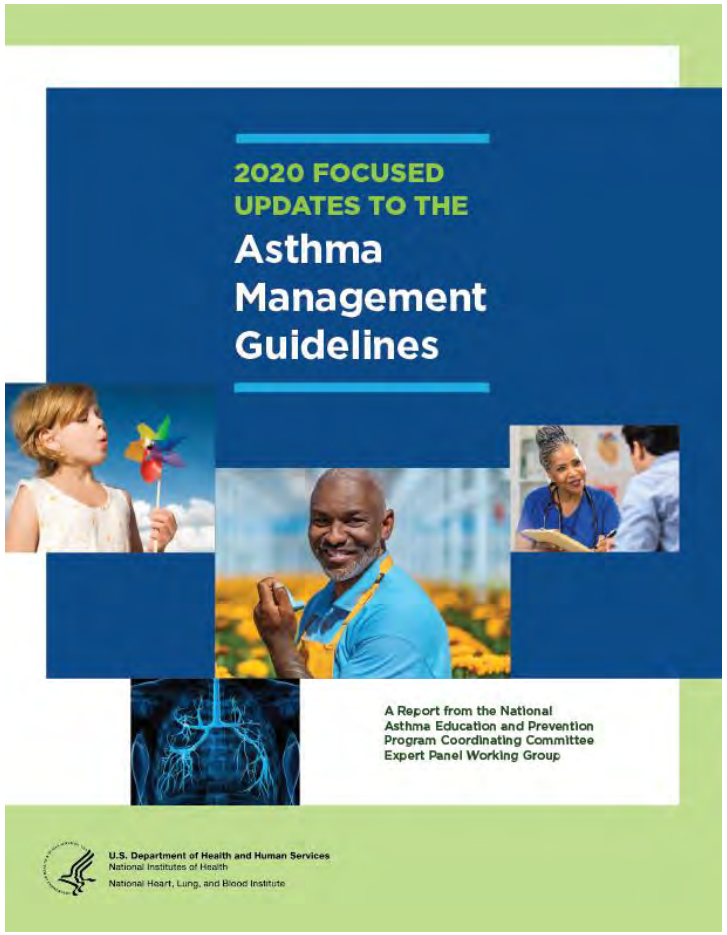
Six Areas of Focus: Three Specific to Primary Care



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Long-Acting Muscarinic Antagonists

EPR3 Recommends

In individuals with asthma that are not controlled by ICS therapy alone, adding a LABA to an ICS is recommended.

2020 Updates Recommends

For individuals, whose asthma is not controlled with ICS-LABA, adding a LAMA is recommended. Step 5 only.

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Long-Acting Muscarinic Antagonists (long-acting bronchodilators)

LAMAs

- Incruse Ellipta (umeclidinium)
- Seebri Respimat (glycopyrrolate)
- Spiriva Respimat or Handihaler (tiotropium)
- Tudorza Pressari (aclidinium)

LABAs*

- Arcapta Ellipta (indacaterol)
- Brovana neb (arformoterol)
- Perforomist neb (formoterol)
- Serevent Discus or MDI (salmeterol)
- Stiverdi Respimat (olodaterol)

LAMA-LABAs

- Anoro Ellipta (umeclidinium and vilanterol)
- Bevespi Aerosphere (glycopyrrolate and formoterol)
- Stiolto Respimat (olodaterol and tiotropium)
- Utibron Neohaler (indacaterol and glycopyrrolate)

ICS-LABA-LAMA

- Breztri Aerosphere (budesonide/ glycopyrronium/ formoterol)
- Trelegy Ellipta (Fluticasone/ vilanterol/ umeclidinium)
- Tribow (UK only) (beclomethasone/ formoterol/ glycopyrronium)

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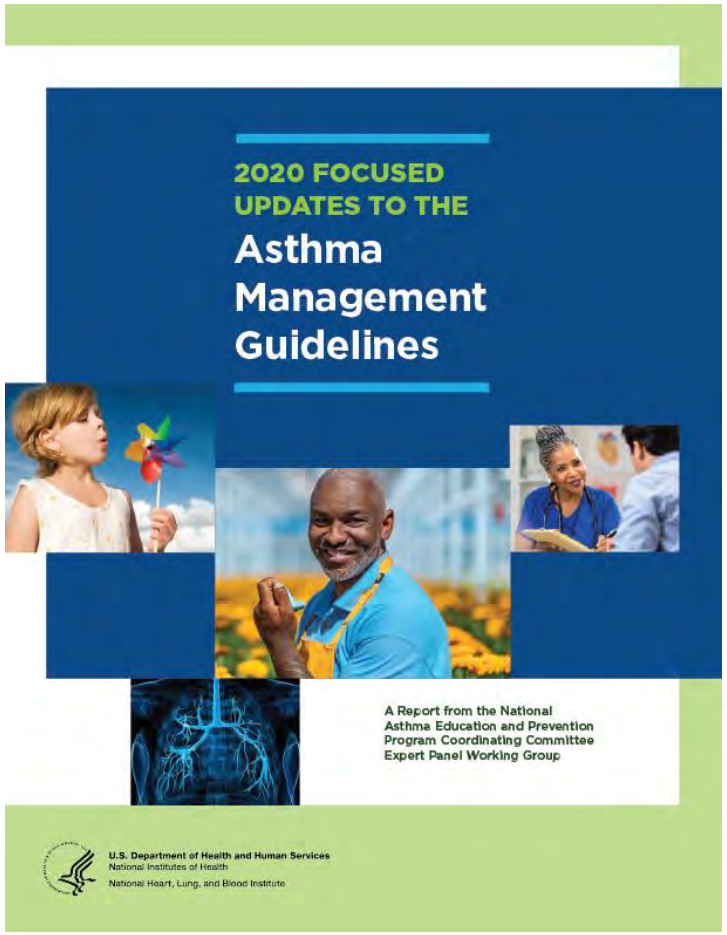
Six Areas of Focus: Three Specific to Primary Care



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Allergen Mitigation

EPR3 (p. 192/440)

Recommends a multi-faceted, approach; individual steps alone are generally ineffective.

Dust mite and pests allergens consider multi-faceted allergen-control proven effective for reducing exposures for patients sensitive to those allergens.

2020 Update (p. 37/322)

Recommends multi-faceted approach if allergens are known (hx or testing)

Pests (Roach or Rodent): Integrated pest management CAN BE USED **ALONE**.

Dust mites: Use allergy-impermeable mattress and pillow covers **ONLY** as part of a **broader strategy**

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2020 Focused Updates – NHLBI Assets

1. Asthma Management Guidelines: 2020 Focused Update (322 pages)
2. 2020 Focused Update - Clinician's Guide (16 pages)
3. 2020 Focused Update: At a Glance Guide (6 pages)

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2020 Focused Updates – ALA Training Tools for your Providers
All links will be shared in today's email meeting summary

1. Slides: 2020 Guidelines PowerPoint
2. Video: Brief 2020 Focused Updates *(9 minutes)*
3. Video: SMART Therapy *(3 minutes)*
4. Video: Guidelines for Children 0-4 years *(3 minutes)*

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Component #5

Pre-Visit Planning Process (Rooming Process)

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Suggestions for Pre-Visit Planning Process

1. ED/Hospitalization follow-up documentation
2. ACT
3. Spirometry test
4. Medication reconciliation
5. Asthma Action Plan
6. Known allergies/triggers
7. Vaccines
8. Placebo medical delivery device for teaching purposes
9. Written or demonstration education materials

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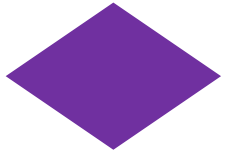
Flow Diagrams

- A visual aide to look at a process
- Helps to locate inefficiencies
- Helps all involved in a process to understand it
- A tool for effective and meaningful change

- **Step in process =** 
- **Decision point =** 
- **Unsure =** 

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Homework Exercise: Image the Possibilities

Please work with your teams to map out an IDEAL rooming process and CURRENT rooming process.

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Virtual Asthma Management

WEBCAST: https://bit.ly/38cMLc7

Written guidance: https://bit.ly/3iLCJ3H

1. Conduct history since last visit
2. Complete asthma self-assessment (such as ACT)
3. Determine current level of control
4. Ask if patient is using controller medication
    - If video visit, observe technique
5. If asthma not well-controlled and patient is using prescribed meds, ask about new allergens and triggers
6. For risk-stratification, ask about COVID risk factors and symptoms

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Virtual Asthma Management

7. Review current med plan
8. Adjust/review Asthma Action Plan
9. Arrange for 90-day prescriptions
10. Address logistical needs
11. Ask about cigarette, e-cigarette, vaping use and provide counseling
12. Refer for smoking, e-cigarettes, vaping cessation
13. Refer for asthma telemed and/or EICA visits
14. Provide *Asthma Basics* online link
15. Provide medication delivery device video links

Taking Today's Meeting Back to Your Clinic

1. Share guidelines training resources and videos with providers and staff
    a) Schedule virtual training with ALA staff, if desired
2. Assess pre-visit planning process
3. Identify virtual asthma management opportunities and standardize process

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Homework & Wrap Up

1. Schedule Clinic Launch Meeting *(with food!)*
2. Promote Asthma Basics to encourage staff engagement & earn a pizza party!
3. Attend AEI (live streamed or On Demand, self-paced)
   - email Lisa for a discount code to use during registration
4. ALA Contacts
   - Mimi.Guiracocha@Lung.org (IL, NE, NM)
   - Felicia.Fuller@Lung.org (Illinois)
   - Jill.Heins@Lung.org (Nationwide)
   - Lisa.Gebhard@Lung.org (Nationwide)

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