



Mission

This quality improvement project utilizes a collaborative approach to implement new systems that support and sustain the adherence to the National Heart, Lung, and Blood Institute (NHLBI) asthma guidelines in partnering clinics.

Method

Use a continuous quality improvement approach to develop clinic systems that facilitate and ensure high quality asthma care in clinics.

Benefits to participating clinics:

1. Improved care for patients
2. More effective systems
3. Standardization of care meeting national guidelines
4. Better documentation and coding leading to better revenue capture
5. Build capacity with systems change and Plan, Do, Study, Act (PDSA) approach that can be applied to other clinical challenges
6. Receive Maintenance of Certification Part IV credits through the American Board of Medical Specialties

"I gained a 'better vision' for the American Lung Association and the quality support they offer to providers. I am amazed at the amount of physician, medical staff, and parent/patient educational materials they provide."

— Dr. Steh, Springfield, Illinois

The goals of this project include:

- Assigning a severity rating to all patients with asthma
- Assessing asthma control at least annually for all patients
- Prescribing a controller/maintenance medication for all patients with persistent asthma
- Writing an action plan for all patients with persistent asthma that includes environmental triggers
- Using spirometry in the diagnosis and management of asthma
- Providing self-management education to all patients with asthma

Secondary goals include institutionalizing planned emergency department follow-up visits and conducting at least one planned visit for each patient per year.

Steps participating clinics follow in this performance improvement project:

1. Sign a letter of agreement (clinic director and asthma team) to ensure clinic-wide support
2. Conduct simple baseline chart audit of 30 asthma patients seen in the past two months
3. Form a clinic team to lead this project
4. Review baseline audit and identify needs/gaps in service
5. Attend monthly clinic meetings, led by the American Lung Association
6. Host asthma-related trainings for staff, led by the American Lung Association
7. Conduct 12- and 18-month chart audits

Throughout the project, each individual clinic should hold monthly team meetings.

Trainings available through the American Lung Association:

1. **Implementation and Interpretation of Spirometry in the Primary Care Clinic**, a full-day, hands-on training
2. On-site spirometry refresher courses
3. **Asthma Educator Institute**, a 16-hour training for non-providers
4. **Asthma Basics** face-to-face for non-providers
5. **Asthma Basics** online module for non-providers
6. Tailored in-person trainings on asthma guidelines, medications, delivery devices, spirometry testing, and patient education

American Lung Association will provide:

- Facilitation for joint clinic meetings
- Trainings and other provider education resources
- Mentoring/technical assistance
- Patient education tools and resources
- Spirometers to clinics that do not currently have one

Clinic activities:

Proven Pathways are roadmaps detailing implementation processes about care issues. Seven pathways have been developed by the American Lung Association in partnership with previous clinic partners, including: albuterol refill, documentation, patient self-assessment survey, pre-completed asthma action plan, planned asthma visits, rooming, and spirometry. These *Proven Pathways* assist current and future clinics in reaching their asthma goals.

Each clinic will address the following components of their asthma process. While self-paced, these components are addressed in the following order:

1. Severity rating
2. Documentation
3. Pre-visit planning process
4. Patient self-assessment, such as the *Asthma Control Test*
5. Controller medications
6. Written asthma action plans
7. Spirometry
8. Emergency department visit follow-up
9. Patient education/self-management
10. Planned visits

"I have a 'better vision' for the mechanics involved in proper initial evaluation and chronic care management of our asthma patients. I have improved the assessment of severity and the level of control, increased my knowledge of treatments and medications, and increased my understanding, interpretation, and use of spirometry in these patients."

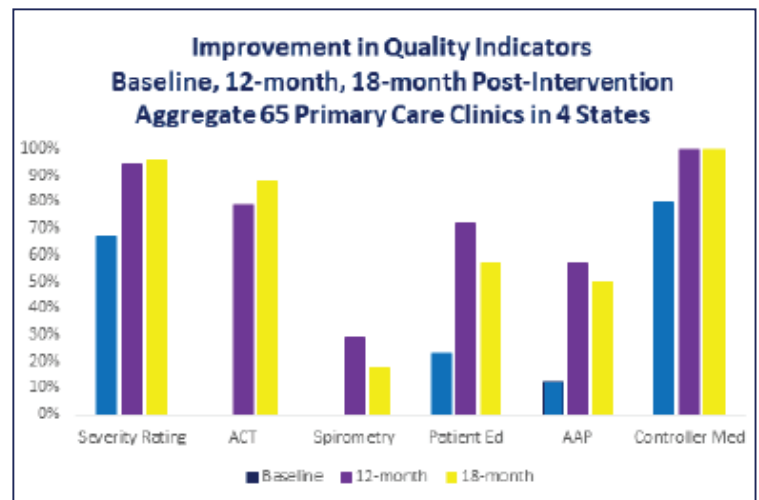
— Dr. Steh, Springfield, Illinois

Proof of impact:

The graph below highlights the changes in clinical outcome indicators, from baseline to 12- and 18-months post-intervention among 65 of recent participating clinics across 4 states. Improvement is sustained, and in many cases increased, after project completion.

Findings published in *Journal of Asthma*, May 2018.

DOI: 10.1080/02770903.2018.1463378.



Results from analyzing health plan administrative claims data revealed a 37% reduction in asthma-related ED and a 48% reduction in asthma-related hospitalizations across 4 states and 65 health centers.

Findings published in *Journal of Asthma*, March 2020.

DOI: 10.1080/02770903.2020.1741611.

Return on investment analysis of health plan administrative claims data showed that \$2.40 in health care dollars were saved for every \$1.00 invested in the Enhancing Asthma Care Project.

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