AMERICAN LUNG ASSOCIATION®
IN ILLINOIS

Enhancing Asthma Care in Primary Care Clinics

Mission: The systems-change 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 clinic.

Benefits to participating clinics:

1. Improved care for asthma patients
2. More effective systems
3. Standardization of asthma care meeting NHLBI 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

The goals of this project include

- Assigning an asthma severity rating to all patients with asthma
- Prescribing an anti-inflammatory (controller) medication for all patients with persistent asthma
- Writing an asthma action plan for all patients with persistent asthma
- Using spirometry in the diagnosis and management of asthma
- Providing asthma education to all patients with persistent asthma

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

Steps/Timeline to participating in the project:

1. Sign a letter of agreement (clinic director and asthma team)
2. Conduct baseline chart audit of 30 asthma patients and other baseline questionnaires
3. Form clinic team
4. Review baseline audit and identify needs/gaps in service
5. Set goals for early success
6. Host launch party for all clinic staff
7. Attend joint clinic meetings as scheduled
8. Measure monthly progress of clinic's asthma goals
9. Host asthma-related trainings
10. Conduct 12- and 18-month chart audit

Throughout the project, each clinic must hold meetings at least monthly.

Trainings/Education:

Provider Asthma Care Education (PACE)—five hours about asthma guidelines, medications, spirometry, patient education, and delivery devices (providers)
Implementation of Spirometry—one hour lecture about how to best conduct spirometry (those who conduct spirometry)
Interpretation of Spirometry—two hour lecture about how to interpret spirometry (providers)

ALAMN will provide:

- Trainings
- Mentoring/technical assistance
- Spirometer

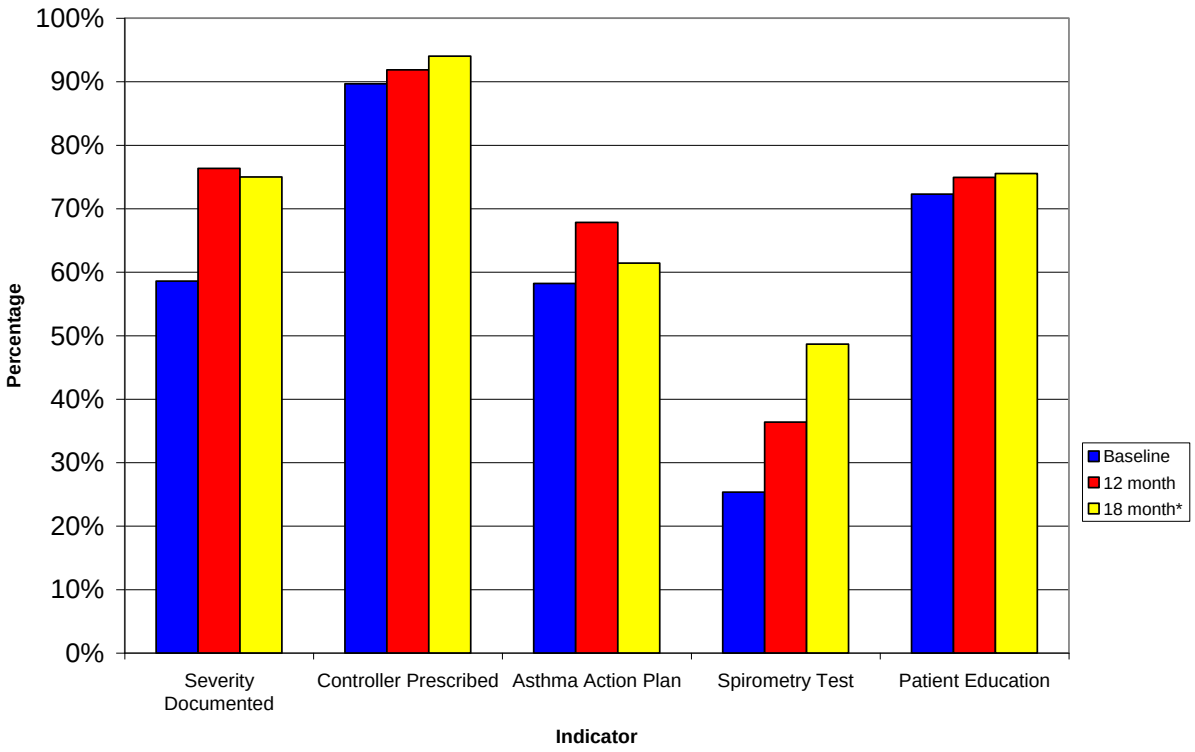
Clinic activities:

Each clinic sets their own asthma-related goals. Examples of clinic goals and activities include increasing the use of asthma action plans (by using pre-completed forms and pocket-sized forms), decreasing medication loss (by providing patients with a fanny pack), and increasing the use of spirometry (through hosting implementation and interpretation trainings).

By developing processes and reaching their goals, clinics were instrumental in the development of Proven Pathways. Proven pathways are roadmaps detailing implementation processes about asthma care issues. Seven pathways have been developed (albuterol refill, documentation, Living with Asthma survey, pre-completed asthma action plan, planned asthma visits, rooming, and spirometry). These Proven Pathways will assist current and future clinics in reaching their asthma goals.

Outcomes to date:

Changes in clinic outcome indicators from baseline to 18 months; 30/37 clinics reporting baseline and 12 month, 15/37 clinics reporting 18 months; Baseline N=611 (213 persistent), 12 month N=524 (283 persistent), 18 month N=368 (184 persistent)



*18 month data not collected for Cohort 5 at this time

For more information about this project, please contact Felicia Fuller, American Lung Association in Greater Chicago at 312 445 2503 or felicia.fuller@lung.org