

Asthma

IT Support

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# How can IT support Asthma care

- ▶ Clinical templates
- ▶ Document templates
- ▶ Searches to increase prevalence
- ▶ Searches to identify bad control

# Clinical templates –1

- ▶ Consistent data entry
- ▶ View older entries
- ▶ \* National vs \*\* Local mandatory fields
- ▶ In-built calculators
- ▶ Resources
- ▶ Hyperlinks
- ▶ Distributed and updated automatically

# Clinical templates- 2

The screenshot displays a software interface for managing clinical templates. The window title is "Templates & Protocols" and the current view is "Document Template".

**Left Panel: Newham Clinical Effectiveness Group**

- EMIS Library
  - EMIS Mobile
  - EMIS Protocols
  - Extended Healthcare
  - Kepier (KMP) QOF and Chronic Dis
  - Primary Care Templates
    - Administration
    - Cardiology
    - Chronic Disease Management
    - Elderly Care
    - Endocrinology
    - Enhanced Services
    - Gastroenterology
    - GP Contract
    - GP Physical activity questionnai
    - History and Exam
    - Immunisations
    - Laboratory results
    - Local Resources
      - Cheshire East
      - Clinical Effectiveness Group (ul>      - Enhanced Services
      - QOFTemplates

**Right Panel: List of Templates**

Name
COPD CEG
COPD Newham CEG
Asthma CEG
Depression CEG
Rheumatoid Arthritis CEG
Dementia CEG
Peripheral Arterial Disease CEG
Diabetes Newham CEG
Hypertension Newham CEG
Stroke CEG
CHD Newham CEG
Epilepsy CEG
Hypothyroid CEG
CKD CEG

**Context Menu (Status):**

- Activate (checked)
- Deactivate
- Archive

# Clinical templates- 3

Asthma Template \*Signifies QOF Indicator for this Domain \*\*Signifies CH local enhanced services payment indicators

**CEG**  
Clinical Effectiveness Group

Barts and The London  
School of Medicine and Dentistry

## Review

**QOF Target** - Patients with an asthma review in preceding 12 mths that includes an assessment of asthma control using the 3 RCP questions.

**CH Payment Indicator** - Patients on asthma step 4 and 5 require 2 reviews a year.

<input type="checkbox"/> *Asthma Check		06-Dec-2012	<a href="#">»</a>
*Limits activity	<input type="text"/> <i>Text</i> <input type="text"/>	No previous entry	
*Disturbs Sleep	<input type="text"/> <i>Text</i> <input type="text"/>	No previous entry	
*Daytime symptoms	<input type="text"/> <i>Text</i> <input type="text"/>	No previous entry	
<input type="checkbox"/> Nebulisation since last appointment	08-Jul-2014 <input type="text"/>	No previous entry	
Number of asthma exacerbations in past year	<input type="text"/> /year	No previous entry	
Asthma A and E attendance since last visit	<input type="text"/>	No previous entry	
<input type="checkbox"/> Emergency asthma admission since last appointment		No previous entry	
<input type="checkbox"/> DNA Asthma Review		No previous entry	

# Clinical templates- 4

## Summary of stepwise management in adults (from British Thoracic Society/Sign Guidelines)

Patients should start treatment at the step most appropriate to the initial severity of their asthma. Check concordance and reconsider diagnosis if response to treatment is unexpectedly poor.

**MOVE UP TO IMPROVE CONTROL NEEDED**

**MOVE DOWN TO FIND AND MAINTAIN LOWEST CONTROLLING STEP**

- **STEP 1 - *Mild intermittent asthma***  
Inhaled short-acting B2 agonist as required.
- **STEP 2 - *Regular preventer therapy***  
Add inhaled steroid 200-800 mcg/day\* 400 mcg is an appropriate starting dose for many patients.  
  
Start dose of inhaled steroid appropriate to severity of disease.
- **STEP 3 - *Initial add-on therapy***
  1. Add inhaled long-acting B2 agonist (LABA)
  2. Assess control of asthma:
    - **good response to LABA** - continue LABA
    - **benefit from LABA but control still inadequate** - continue LABA and increase inhaled steroid dose to 800 mcg/day\* (If not already on this dose)
    - **no response to LABA** - stop LABA and increase inhaled steroid to 800 mcg/day.\* If control still inadequate institute trial of other therapies, leukotriene receptor antagonist or SR theophylline.
- **STEP 4 - *Persistent poor control***  
Increase inhaled steroid up to 2000 mcg/day\*  
Addition of a fourth drug e.g. leukotriene receptor antagonist, SR theophylline, B2 agonist tablet
- **STEP 5 - *Continuous or frequent use of oral steroids***  
Use **daily steroid tablet** in lowest dose providing adequate control  
Maintain high dose inhaled steroid at 2000 mcg/day\*  
Consider other treatments to minimise the use of steroid tablets

\*BDP or equivalent

## For Clinicians

[Click here for British Thoracic Society and Sign Guidelines](#)

[Click here for Clinical guidelines, template guides, QOF updates etc.](#)

# Clinical templates- 5

## Before the consultation:

Before seeing the patient, please review concordance in the medical record and fill in the section of the template below.

Make sure the patient fills in the Asthma Control Test before the consultation.

Number of asthma exacerbations in past  /year

Number of bronchodilators used in past  year

Number of steroid inhalers used in past  year

## Review

\*\* Asthma control test  /25

\*\* Inhaler technique observed

\*\* Inhaler technique shown

You can find checklists to conduct Inhaler Technique Assessment in the TH Intranet.

Optimisation of drug therapy means getting the right drug and the right device for the patient.


Optimisation of drug therapy


Resp. treatment changed

\*\* Asthma Action Plan - written

\*\* Asthma medication review

## Follow up

Face to face attendance follow up **Follow Up**  

Telephone follow-up **Follow Up**  

## Resources

[Asthma Control Test - Asthma UK](#)

[TH Asthma Medication Review Checklists](#)

# Document templates

## Asthma Care Plan



File Home Insert Page Layout References Mailings Review View Developer Design Layout

Spelling & Grammar Research Thesaurus Word Count Translate Language New Comment Delete Previous Next Track Changes Show Marking Reviewing Pane Accept Reject Previous Next Compare Block Authors Restrict Editing

Proofing Language Comments Tracking Changes Compare Protect

### My Asthma Action Plan

Name: **NICE, Very (Mrs)**

Review of action plan due: **Review of action plan due:**

If you have any concerns about managing your asthma, you can call your GP or asthma nurse on:

GP Out-of-Hours service: 020 7377 7151

☺	This is what I need to do to stay on top of my asthma:	
My personal best peak flow is:	No events found.	
My <b>preventer</b> inhaler is: (name/colour)		
I need to take my preventer inhaler every day. I take      puff(s) in the morning and      puff(s) at night.		
My <b>reliever</b> inhaler is: (name/colour)		
<b>I take my reliever inhaler only if I need to.</b> I take      puff(s) of my reliever inhaler if any of these things happen:		

Restrict Formatting and Editing

1. Formatting restrictions

Limit formatting to a selection of styles

Settings...

2. Editing restrictions

Allow only this type of editing in the document:

No changes (Read only)

3. Start enforcement

Are you ready to apply these settings? (You can turn them off later)

Yes, Start Enforcing Protection

See also

Restrict permission...

Page: 1 of 2 Words: 702 English (U.K.) 168%





# Searches to increase prevalence

On preventer inhalers (repeat Rx), no asthma or COPD code, age 16+



Details Definition Age / Sex Trend Patients Included Patients Excluded

Parent Population **Currently registered patients**

## Rule 1

- Must have** Include **Patients** with **Patient Details** where:  
the **Patient Type** is Regular
- And** Include **Patients** with **Patient Details** where:  
the **Age** is older than or equal to 16 years on the search date

## Rule 2





- Either**  **Patients on COPD Register**
- Or**  **Patients Currently Diagnosed as Asthmatic**

## Rule 3






- Include **Patients** with **Medication Issues** where:  
the **Drug** is Corticosteroids For Inhalation  
and the **Date of Issue** is after 1 year before the search date  
and the **Prescription Type** is Automatic, Repeat or Repeat Dispensed

# Searches to identify bad control – 1

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 Patients on QOF Asthma register	12915	4%
 Asthma pts with A&E or Emerg Admission 12m coded	464	4%
 Asthma pts with exacerbation coded in last 12m (more than 1)	198	2%
 Asthma pts with Step 4 or 5 coded last 12m	205	2%

# Searches to identify bad control –2

 Asthma reg (excluding COPD reg)	12235	95%
 Prescribed 2 or more prednisolone last 12m	665	5%
 Prescribed high dose steroid/combination inhalers	517	4%
 Prescribed more than 6 relievers	1817	15%
 Prescribing searches above combined	2559	21%

**Any questions?**



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