

Connecting the Dots: Making TCPI Person and Family Engagement Metrics Meaningful in Asthma Care

This document uses the asthma care treatment processes outlined in the NHLBI Asthma Care Guideline to illustrate how person and family engagement activities described in the TCPI PFE measures can enhance and improve asthma care.

Asthma Care Quick Reference

DIAGNOSING AND MANAGING ASTHMA

Guidelines from the National Asthma Education and Prevention Program

EXPERT PANEL REPORT 3

The goal of this asthma care quick reference guide is to help clinicians provide quality care to people who have asthma.

Quality asthma care involves not only initial diagnosis and treatment to achieve asthma control, but also long-term, regular follow-up care to maintain control.

Asthma control focuses on two domains: (1) **reducing impairment**—the frequency and intensity of symptoms and functional limitations currently or recently experienced by a patient; and (2) **reducing risk**—the likelihood of future asthma attacks, progressive decline in lung function (or, for children, reduced lung growth), or medication side effects.

Achieving and maintaining asthma control requires providing appropriate medication, addressing environmental factors that cause worsening symptoms, helping patients learn self-management skills, and monitoring over the long term to assess control and adjust therapy accordingly.

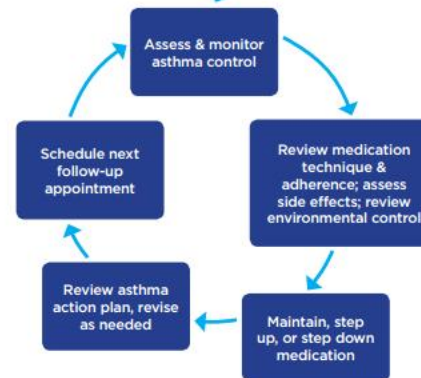
The diagram (right) illustrates the steps involved in providing quality asthma care.

This guide summarizes recommendations developed by the National Asthma Education and Prevention Program's expert panel after conducting a systematic review of the scientific literature on asthma care. See www.nhlbi.nih.gov/guidelines/asthma for the full report and references. Medications and dosages were updated in September 2011 for the purposes of this quick reference guide to reflect currently available asthma medications.

INITIAL VISIT



FOLLOW-UP VISITS



NHLBI Asthma Care Quick Reference: Diagnosing and Managing Asthma

Initial visit algorithm showing patient and family engagement opportunities

Initial Visit Algorithm



A **patient and family advisory group** can help your practice be more welcoming to patients and families, improving word of mouth and patient experience survey scores = more patients and better retention

Health literacy assessment – what is the right type of information (written, verbal, video and right level) that will be meaningful?

Assess patient and family activation – what is the patient's knowledge, skills, ability, and willingness to take action on asthma self-management? Use readiness information for goal setting, teaching and care planning

Your **medication management teaching** plan will be based on patient activation and their knowledge and skills in self-management. Use teach-back and demonstration to ensure patient and family understands medication use

Shared decision-making – identify patient and family goals for asthma management (fewer missed days at school, staying out of the ED, etc), and their preferences for treatment plan options, and incorporate them into the plan

Use the **patient portal** for scheduling, answering patient questions, pushing out reminders – to maintain a relationship with the patient and family and keep them engaged in care

NHLBI Asthma Care Quick Reference: Diagnosing and Managing Asthma

Follow-up visit algorithm showing patient and family engagement opportunities

Use the **patient portal** for scheduling, answering patient questions, pushing out reminders – to maintain a relationship with the patient and family and keep them engaged in care

Assess and monitor asthma control

Shared decision-making – are practices systematically training staff to develop collaborative care plans in partnership with patients, integrating and addressing patient goals, preferences and concerns?

Schedule next follow up appointment

Review medication techniques and adherence; assess side effects; review environmental control

Patient activation – is the patient actively participating in decisions about medications and other interventions, and engaged in the plan, adhering to medication?

Health literacy – can the patient describe asthma and explain in their own words how to use medications and the overall action plan? Can they explain what to do if symptoms get worse?

Patient and family advisor feedback can offer insights on making the experience of care welcoming. This may improve satisfaction scores and improve return visits

Medication management – are the medications working for the patient and family? Does the child and family members know how to use an inhaler? Do they have a rescue plan?

Shared decision-making – are the medications and other interventions working for the patient and family based on their activation level, health literacy? Does the plan reflect patient's goals for asthma management (walking further, staying out of the ED, etc) and is it matched to the patient's culture, values and social resources?

Review asthma action plan, revise as needed

Maintain, step up, or step down medications