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.
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

QI Opportunities connected to the TCPI PFE metrics
Assess and monitor asthma control

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

Maintain, step up, or step down medications

Review asthma action plan, revise as needed

Schedule next follow-up appointment

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

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?

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?

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?

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

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?

NHLBI Asthma Care Quick Reference: Diagnosing and Managing Asthma

Follow-up visit algorithm showing patient and family engagement opportunities