

Asthma Quality Improvement

QUALITY IMPROVEMENT AND IMPACT 2023-2024

Global Aim: Provide children with the opportunity to reach their fullest potential by keeping their asthma well controlled.

Smart Aim: From November 2023 to June 2024, improve the overall asthma care management for patients 0-17 years old by developing sustainable systems that incorporate guidelines, caregiver/patient education and asthma action plans that consider the diversity of the practice population.



ASTHMA TOOLKIT



<https://ohioaap.org/asthma-toolkit>

FUNDING:

Ohio Department of Health
(ODH) Contract

QUALITY IMPROVEMENT PROGRAM



Program Measures

1. Optimal Asthma Care
2. Asthma Symptom Control
3. Asthma Symptom Control for Diverse Patients
4. Asthma Symptom Severity
5. Asthma Action Plan
6. Asthma Triggers and Environmental Factors
7. Asthma Self-Management (Educational) Materials
8. Controller Medication for Patients with Persistent Asthma
9. Flu Vaccine
10. Emergency Department or Urgent Care Visits due to Asthma
11. Hospitalizations due to Asthma
12. Appropriate Referrals to Specialists



QI Components from Wave 2

- Pre-work Webinar & Survey
- Learning Session
- Program Kick-off
- Action Period Calls - 7
- Practice Coaching Calls - 3
- PDSA Cycle Worksheets - 3
- Checkpoint (Narrative of Progress) Survey - 3
- Sustainability & Exit Survey

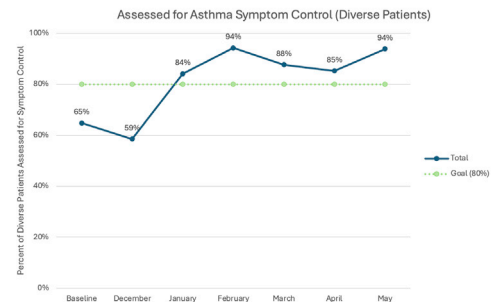
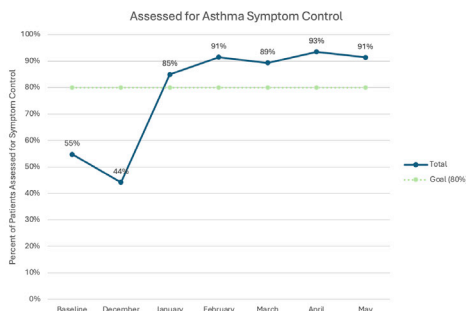


Wins from Program Participants

- We have converted many patients to SMART regimen and parents love the ease and convenience of using one inhaler. We have seen better compliance with asthma therapies and fewer patient visits to the Urgent Care (UC) or Emergency Department (ED).
- Having some parents being able to access their child's Asthma Action Plan via the EMR portal to use anywhere.
- Due to better documentation, I was able to identify known asthma triggers in a patient who was having persistent asthma attacks!



Impact from Wave 1



	Baseline	December	January	February	March	April	May
Rate	81/148	80/181	226/266	247/270	201/225	201/215	191/209

	Baseline	December	January	February	March	April	May
Rate	70/108	41/70	90/107	115/122	100/114	87/102	107/114



Asthma Quality Improvement

PROGRESS DASHBOARD NOVEMBER 2023 – JUNE 2024

Program Summary: The Asthma QI program's primary goal was to increase knowledge and proficiency of pediatric healthcare providers to provide and improve optimal asthma care for pediatric patients. This includes recognition of asthma diagnosis, assessment of level of asthma severity and symptom control to guide optimal asthma care, provide asthma education to providers, patients and their families especially in diverse patient populations, and provider confidence around treating asthma exacerbations and follow-up.

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DELIVERABLES AND PROGRESS

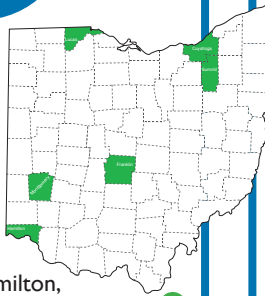
QI

Goal: 10 practices
Recruited & Finished:

14 practices and
28 pediatric
healthcare providers

Counties:

Cuyahoga, Franklin, Hamilton,
Lucas, Montgomery, Summit



By the Numbers

- During wave 1, 1,366 patients were screened for asthma throughout the active QI months.
- Of the patients that were screened, 629 (46%) were diverse and 812 (59%) had persistent asthma.
- On average, optimal asthma care for patients increased from 30% in baseline to 80%.
- By the end of the active QI months, 90% of patients screened were given an asthma action plan, over 90% were assessed for asthma symptom control, including among diverse patients, and over 90% were screened for any asthma triggers and/or environmental factors.



Education

- What is asthma?
- Immunizations and asthma
- Childhood asthma case discussions
- How to teach the asthma action plan & asthma devices
- Asthma & sports
- Single Maintenance and Reliever Therapy (SMART)
- Resolving asthma medication access barriers
- Best practices learning collaborative
- Un-Eclipsing Asthma: An Inequitable Disease (DEI & asthma considerations)
- Allergies & asthma
- Asthma lived experience expert discussion



Diversity

For the purposes of this QI program, diverse was defined by using the demographic information of race (White, non-Hispanic/Latinx not included) and socioeconomic status (SES) captured as insurance payer in the patient's chart.

- Program included DEI-focused measure: Asthma symptom control assessment in diverse patients
- Program materials were translated into Spanish
- The Ohio AAP's DEI standards were considered in preparing the Asthma Training Series presentation slides

Race & Ethnicity and Insurance Carrier Breakdown of Patients Screened

Race & Ethnicity	Patients screened
African American	329
Asian	47
Hispanic	77
Bi-racial	48
White non-Hispanic	681
Other (including Middle Eastern)	31
Unknown	209
Total Diverse Patients	532

Insurance Carrier	Patients screened
Medicaid	438
Non-Medicaid	915

● = Not likely to meet goal ● = On track with challenges ● = On track or complete

BUDGET:

\$187,150

BUDGET TARGET:

\$187,150

FUNDING OUTLOOK:

Unsecured for Wave 2, actively seeking funding

ASTHMA TRAINING SERIES SESSIONS

Resolving Asthma Medication Access Barriers

Lessons Learned in School-Provider Linkage from School-Based Asthma Therapy (SBAT)

Asthma: Health Equity & Justice

ABOVE & BEYOND

Lived Experience Expert Panel

2 people shared their stories about life with an asthma diagnosis within their families.