



QUESTION & CHALLENGE CARDS

Health and Care
Professionals



INTRODUCTION

The charity International Primary Care Respiratory Group (www.ipcrg.org/aboutus) is leading a social movement approach to create a desire for change in the management of asthma*. Our focus, in the first phase, is on the over-reliance on short-acting beta₂ agonists (SABA), and testing how to create a sense of discomfort and dissatisfaction with this amongst all stakeholders.

OUR “HUNCHES” DRIVING THIS PROGRAMME ARE THAT

- Whilst there is over-reliance, there is no consensus on what “over-reliance” looks like
- The initial conversations about SABAs that may effect a person’s use in the future occur in many places eg community pharmacies and emergency departments as well as general practices/family physician offices
- We don't really know what people do if they don't come regularly to the practice
- Amongst the non-respiratory interested workforce, asthma is regarded as a low priority for change
- Previous approaches haven't really shifted that despite the evidence suggesting unwarranted variation in outcomes and avoidable mortality, morbidity and healthcare utilisation
- Without an appetite to change, it is difficult for messages about how to improve asthma care to be received and adopted

IPCRG has received funding from AstraZeneca to run the Delivery Team and for designing and printing these cards. The Delivery Team of patients, pharmacists and GPs are responsible for the content.”

March 2019



QUESTION & CHALLENGE CARDS

HEALTH AND CARE PROFESSIONALS

These cards are a way to trigger conversations and for you to share your thinking with others. We invite you to use them to start a discussion!

INSTRUCTIONS

1. Split into pairs or small groups
2. Choose a card from the pack
3. Read the question or comment
4. Take a few minutes to discuss the question or comment on the card and note down your key discussion points
5. Choose another card and follow steps 3 and 4 above
6. Feed back your discussion points to the full team/meeting

**First prescription of
SABA for asthma:**

**Is SABA usually prescribed for
patients attending the
emergency department?**

What happens next?

First prescription of SABA for asthma:

**Where and why does SABA
get initiated?**

What explanation is given?

Note: Clinical practice guidelines recommend initiating treatment with inhaled corticosteroids, and use SABA only as a reliever

**What does the term
“rescue” or “reliever”
asthma treatment mean
for the patient?**

**Could another term be
more appropriate?**

**For example, “emergency”
treatment (where the reliever
is blue, and emergency services
have blue lights, this might be a
good analogy).**

**Who is your follow-up
appointment with
when a SABA is
prescribed/dispensed?**

**General practitioner/family
doctor or nurse?**

**First prescription of SABA for
asthma:**

**Are there any restrictions
on the prescribing dose of SABA
“Inhale as you need” or
“Take x puffs as needed”**

**First prescription of SABA
for asthma:**

**Who gives patients information
about asthma and SABA use
when prescribed?**

**Does this influence future
beliefs about SABAs?**

Challenging statement:

“SABA abuse is a problem in asthma, but not in COPD.”

Is SABA indicated as a repeat prescription?

What would be the main reasons?

What would be the cut-off point of number of SABA inhalers per year?

**How many dispensed inhaled corticosteroid (ICS) inhalers for asthma should flag an alarm in the medical records system?
(For low adherence)**

**How many dispensed SABA inhalers should flag an alarm in the medical records system?
(For over-reliance)**

Challenging statement:

I think the current management of asthma is a global health problem because there is a great variability in clinical practice despite strong evidence for right care.

Challenging statement:

**I think the current
management of asthma
is a global health problem,
because it causes avoidable
death/disability/hospitalization/
poor quality of life**

**Which is a better indicator of
poor asthma control:
the use of oral steroids or
the over-reliance on SABAs?**

Positive message:

Does this work?

“If you prescribe a low dose of inhaled corticosteroid (ICS), you’ll keep the use of SABA low and then the outcomes will improve”

Do you think SABA should be available in pharmacies as an emergency medicine for asthma when health centres/ GP practices are closed and the patient has run out?

Or should the patient be sent to an emergency department?

**Pharmacists sometimes
detect that the patient has been
dispensed more than 4 SABA
inhalers in a year.**

**Do you think it is important to
improve the communication
between the doctor
and the pharmacist in these
circumstances?**

How?

**How many patients
on your practice register are
on 12 or more SABAs a year –
what would it take to review
them?**