

Abstract Presentations

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Informing the development of asthma review templates: A mixed-studies systematic review of long-term condition (LTC) review templates in clinical consultations



Asthma UK Centre
for Applied Research



@IMP2ART

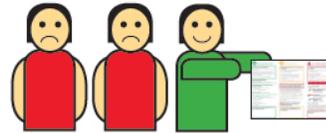
Breathing and feeling well through universal access to right care

IMProving IMPLementation of Asthma self-management as RoutiNe: IMP²ART

Asthma causes **6.3 million** GP consultations a year, and **60,000** hospital admissions.

Supported self-management for asthma reduces attacks and improves asthma control.

BUT...



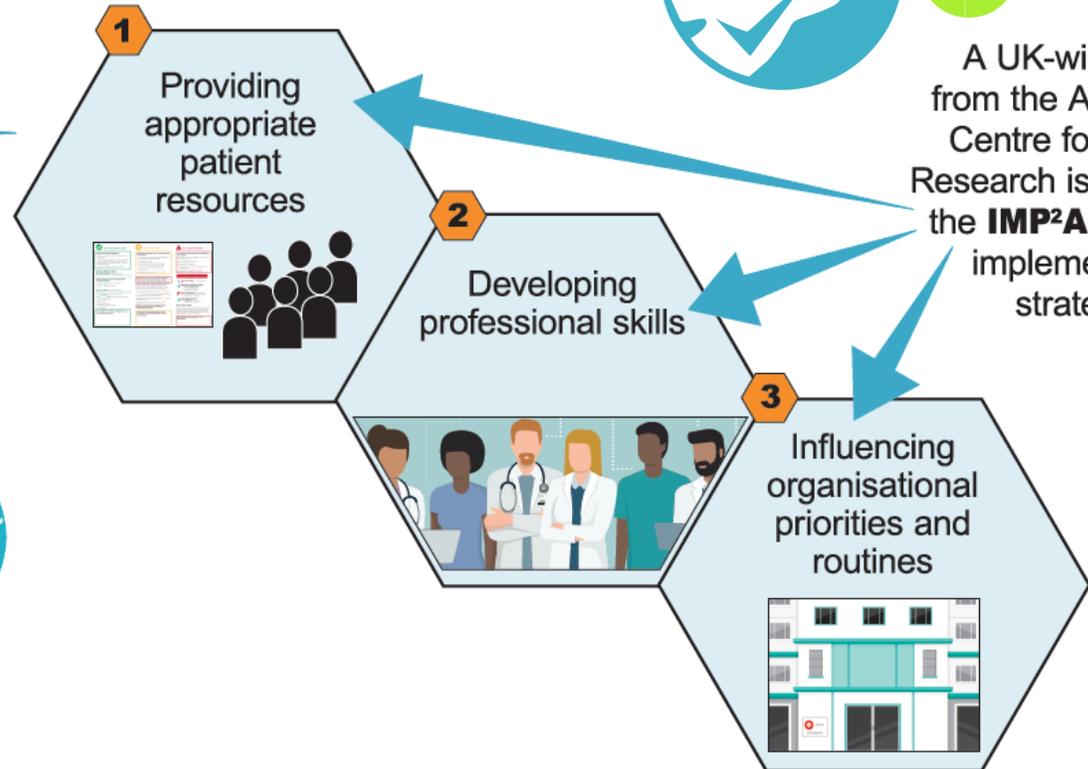
Only **1 in 3** people with asthma in the UK has an asthma action plan.



A UK-wide team from the Asthma UK Centre for Applied Research is developing the **IMP²ART 3-level implementation strategy...**

...tested in a UK-wide randomised controlled trial.

144 GP practices allocated by chance to IMP²ART or usual care.



Did IMP²ART work?

- Did it increase the number of action plans provided?
- Did IMP²ART reduce unscheduled care?

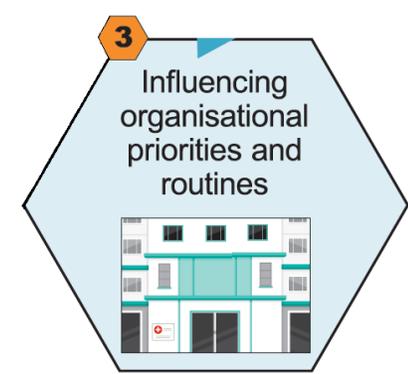
How much did it cost?

How did it work?

USUAL CARE

IMP²ART

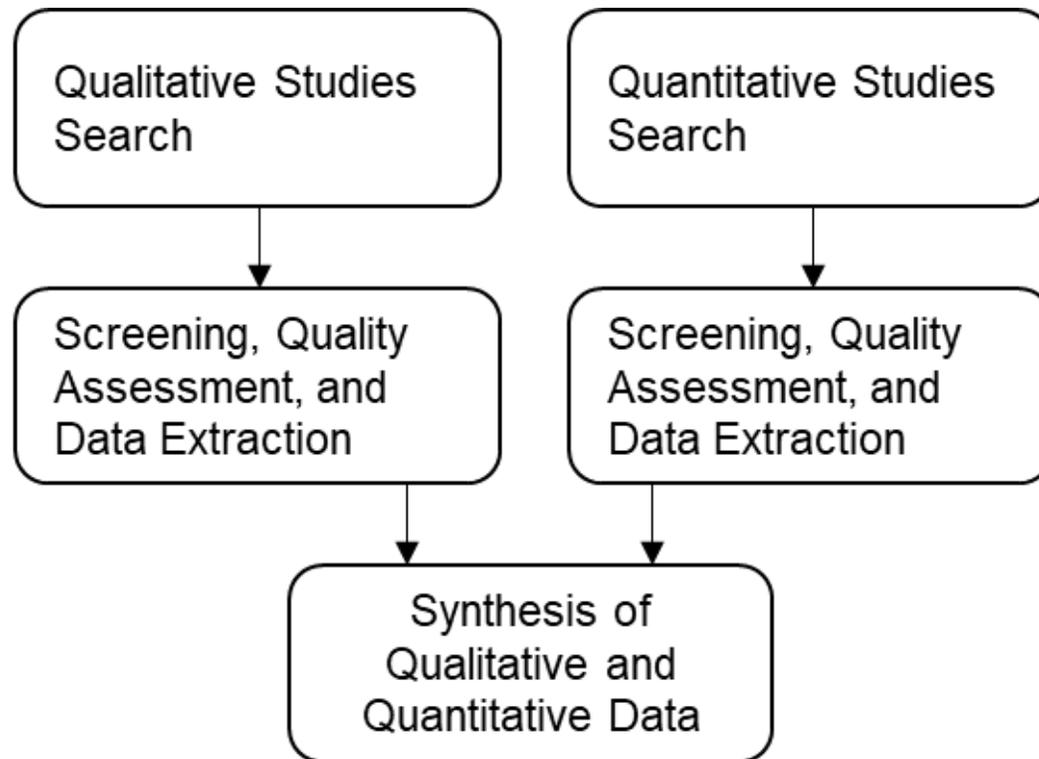
Background



- The IMP²ART **organisational priorities and routines** strategy aims to develop an asthma review template that can be used in consultations to support self-management.
- Electronic review templates are commonly used in healthcare to structure and standardise care, whilst adhering to evidence-based guidelines (Chew-Graham et al., 2013; Henry et al., 1998; Mann et al., 2018). They can be viewed as ‘tick box’, restricting communication and reducing self-management discussion (Blakeman et al., 2011; Swinglehurst et al., 2012).
- **Aim:** To investigate the effectiveness of review templates employed in LTC consultations to improve process and health outcomes, and to explore healthcare professional (HCP) and patient views of templates to inform the IMP²ART asthma review template development.

Methods

- The mixed-studies systematic review followed Cochrane methodology (Higgins & Green, 2011).

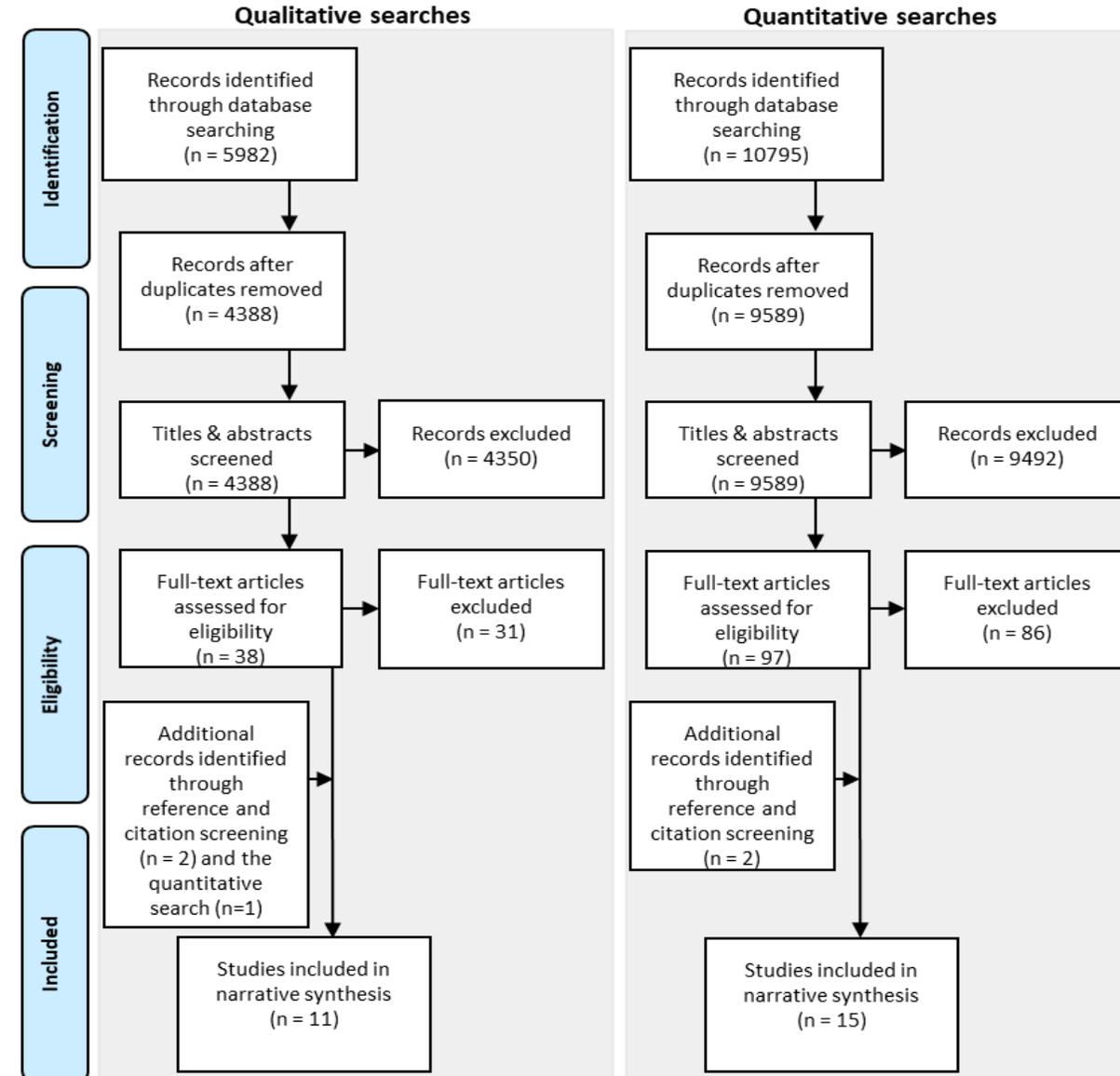


Template Definition: Forms (paper or electronic), checklists, questionnaires, proformas or smart forms, which aim to: support structured management of patients; promote a systematic approach of care delivery; enable data recording, data sharing and information retrieval; assure quality care delivery in-line with evidence-based guidelines; and produce aggregated data used to assess institution performance.

Figure 1 Mixed Studies Review Process.

Results

- **11** qualitative and **15** quantitative studies included (2 were included in both the qualitative and quantitative results (Steyn et al., 2013; Tai et al., 1999)).
- Published 1999-2019; Australia, Canada; Kenya; South Africa; UK; USA.
- All but one qualitative study scored >7/10 on the CASP. One of the four RCTs was at high risk of bias. All non-randomised studies had a moderate to serious risk of bias.



Quantitative Results

- **Use of Templates:**

- The majority of studies reported an increase in template use.



- **Impact on Documentation:**

- **12/15** found templates significantly improved documentation of key measures for their respective LTC.
- Mixed results with regards to documented changes in care plans, prescribed medications and complications or comorbidities for LTC patients.

- **Impact on Health Outcomes:**

- Only one study reported on health outcomes, and was unable to demonstrate a significant effect on glycaemic control for diabetic patients and blood pressure control for hypertensive patients (Steyn et al. 2013).

Qualitative Results

Theme	Illustrative Quote
Template Design & Data Collection	Nurse: <i>“I think they’re absolutely spot on, the templates. They’re just like reminders to make sure you don’t miss anything and they just make life a lot easier, basically.”</i> (Checkland et al., 2007)
Competing Agendas	Nurse: <i>“That becomes number crunching, ticking boxes and that’s the bit I don’t like.”</i> (Checkland et al., 2007)
Shaping patient-practitioner interactions	GPs: Templates were too <i>“business focused and took away from real doctoring.”</i> (Bolger-Harris et al., 2008)
Impact on Patient Centred-Care	GP: <i>“You know, so I think it’s not personalised and that’s why doctors won’t use a checklist like this, it will just seem too artificial. So there’s the time constraint but it just doesn’t work in terms of getting a patient’s confidence in an interaction, you know.”</i> (Turner et al., 2019)
Template Impact on Treatment Options and Self-management	Nurse: <i>“I mean she was feeling a bit sort of got at, the fact that I’d already had the diet and the alcohol. And then smoking was the last straw really.”</i> (Blakeman et al., 2011)

Template Design Implications

- **Template Design:**
 - Incorporate open text or flexible options (Bolger-Harris et al., 2008, Chew-Graham et al., 2013).
- **Self-management:**
 - Incorporate self-management questions and education (Blakeman et al., 2011).

“What is the most important health problem that you would like us to work on over the next few months?”

- **Patient-centred care:**
 - Begin with an opening first question to establish the patient’s agenda (Mann, 2018).
 - Incorporate questions that ask patients about their main health concerns (Bolger-Harris et al., 2008).
 - Closing question to check patient concerns have been addressed (Chew-Graham et al., 2013).

