

Presentation 4

Collaborating with Colleagues: Where does Asthma Right Care fit in?

Mar Martínez, Spain

Breathing and feeling well through universal access to right care



How confident do you feel managing asthma right now with the COVID-19 Pandemic?

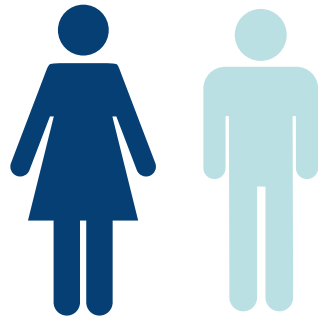


Today's good news



....is coming to you!



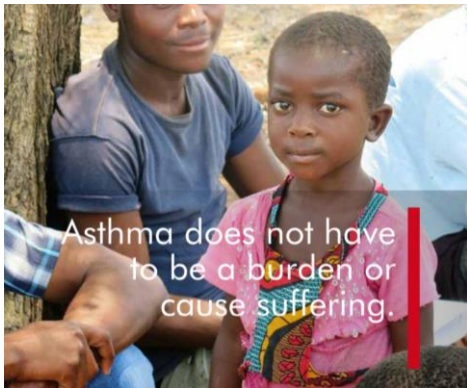


Asthma is global, in all communities, in all ages

Our hunches driving ARC programme are:

- There is Over-reliance on symptom relief and acute management instead of long-term, chronic disease anti-inflammatory management in Asthma
- Asthma is low priority for change in general health care professional despite evidence of:
 - unwarranted variation in outcomes,
 - avoidable mortality, morbidity and healthcare utilisation
 - education programmes
- Previous approaches haven't really shifted that
- Need to want to change for messages about asthma improvement to be received & adopted
- Let's apply the evidence about achieving change at scale

Start discomfort with the current state!

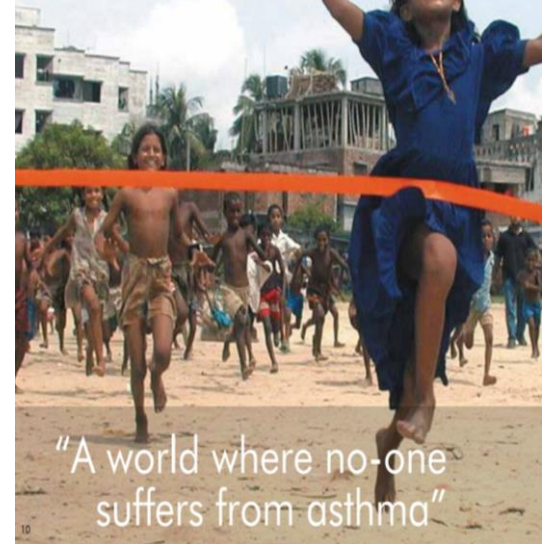


Asthma does not have to be a burden or cause suffering.

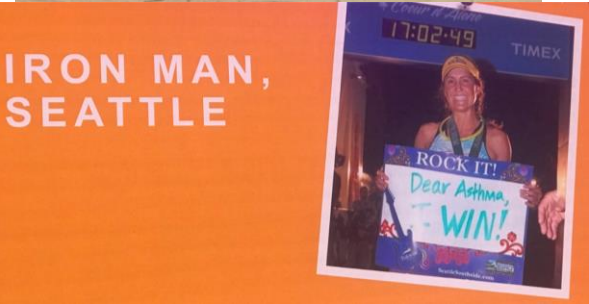
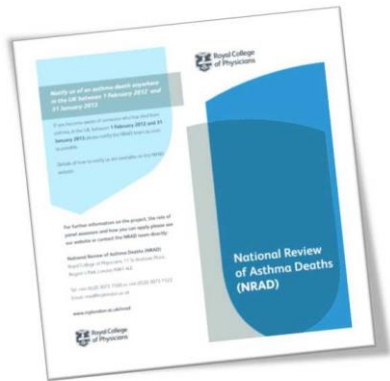
<http://www.globalasthmareport.org/>



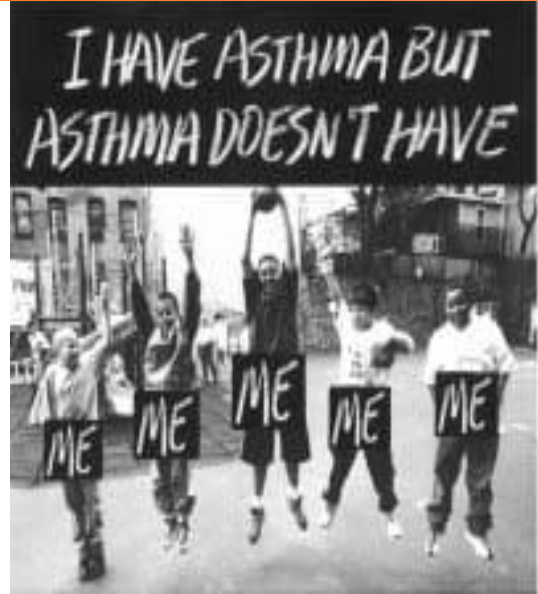
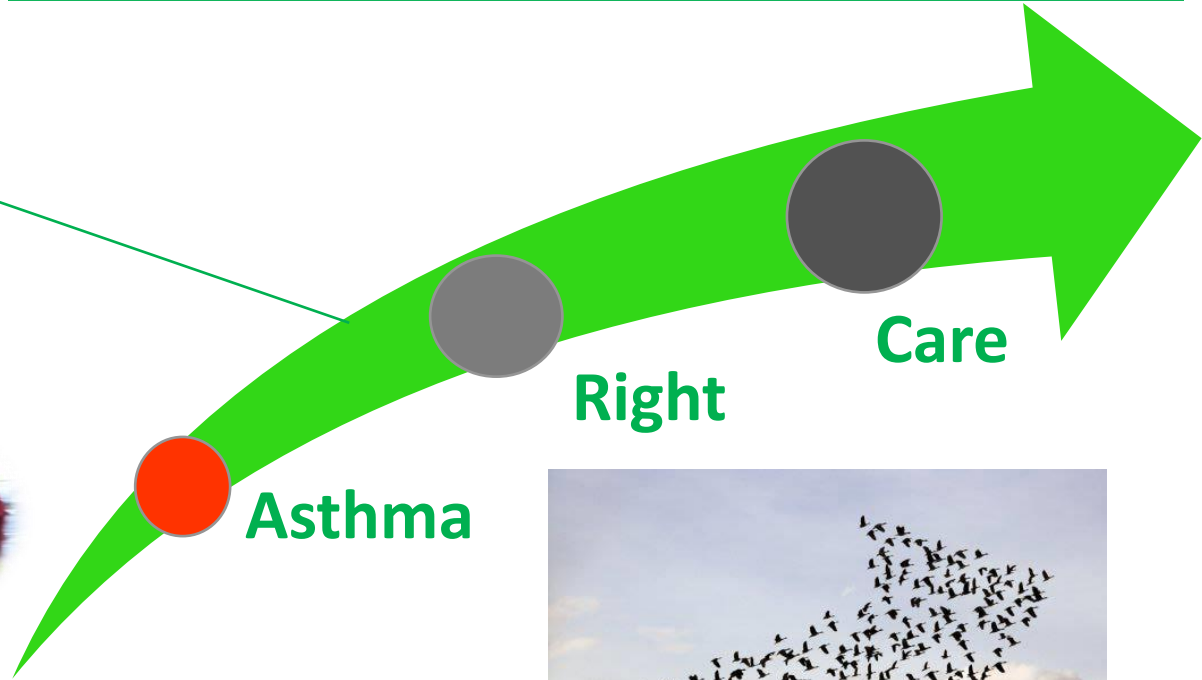
Doing the right things and only the right things in the right way for the right people at the right time in the right place, whatever that means in the local context.



"A world where no-one suffers from asthma"



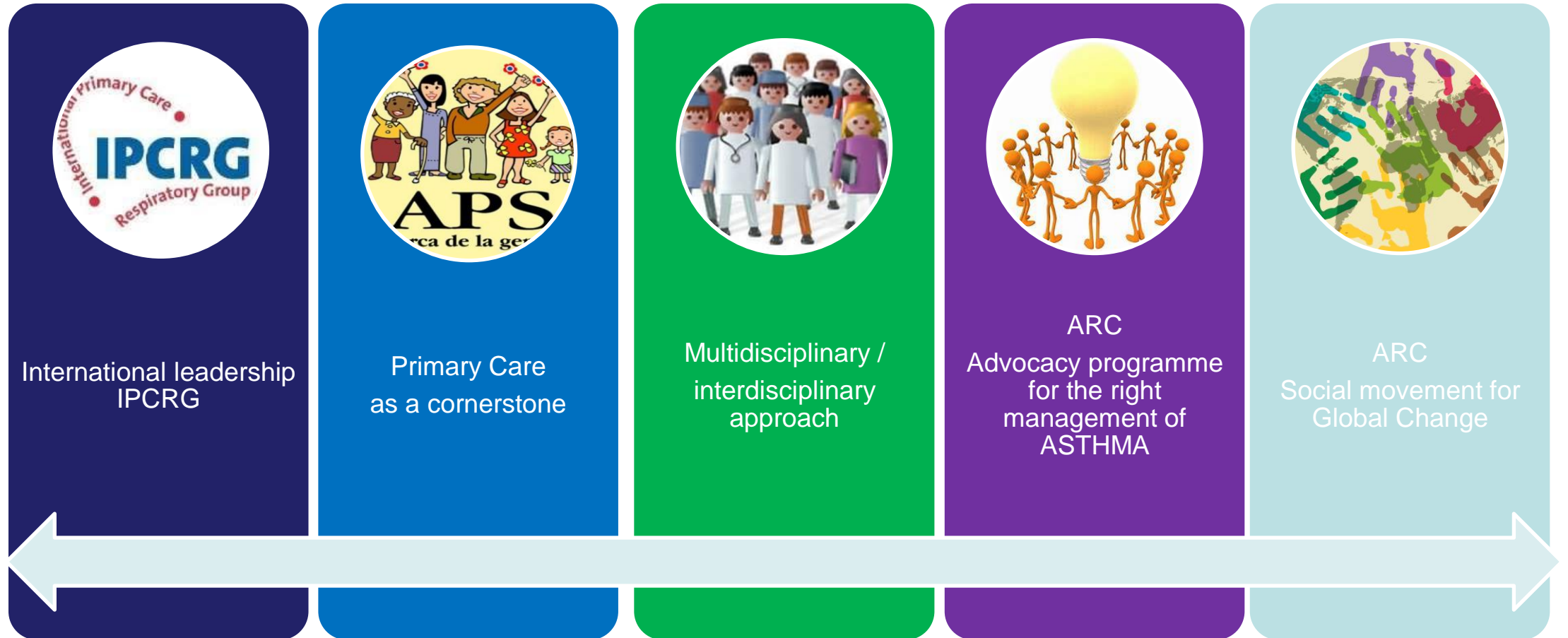
IRON MAN, SEATTLE



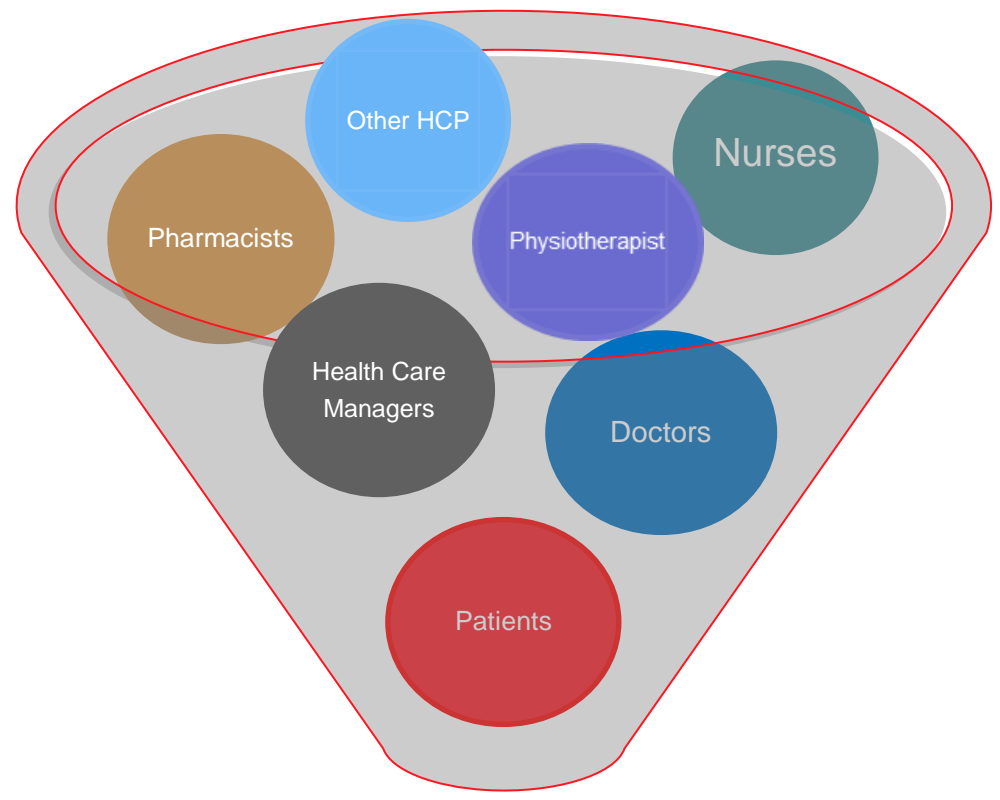
I HAVE ASTHMA BUT ASTHMA DOESN'T HAVE



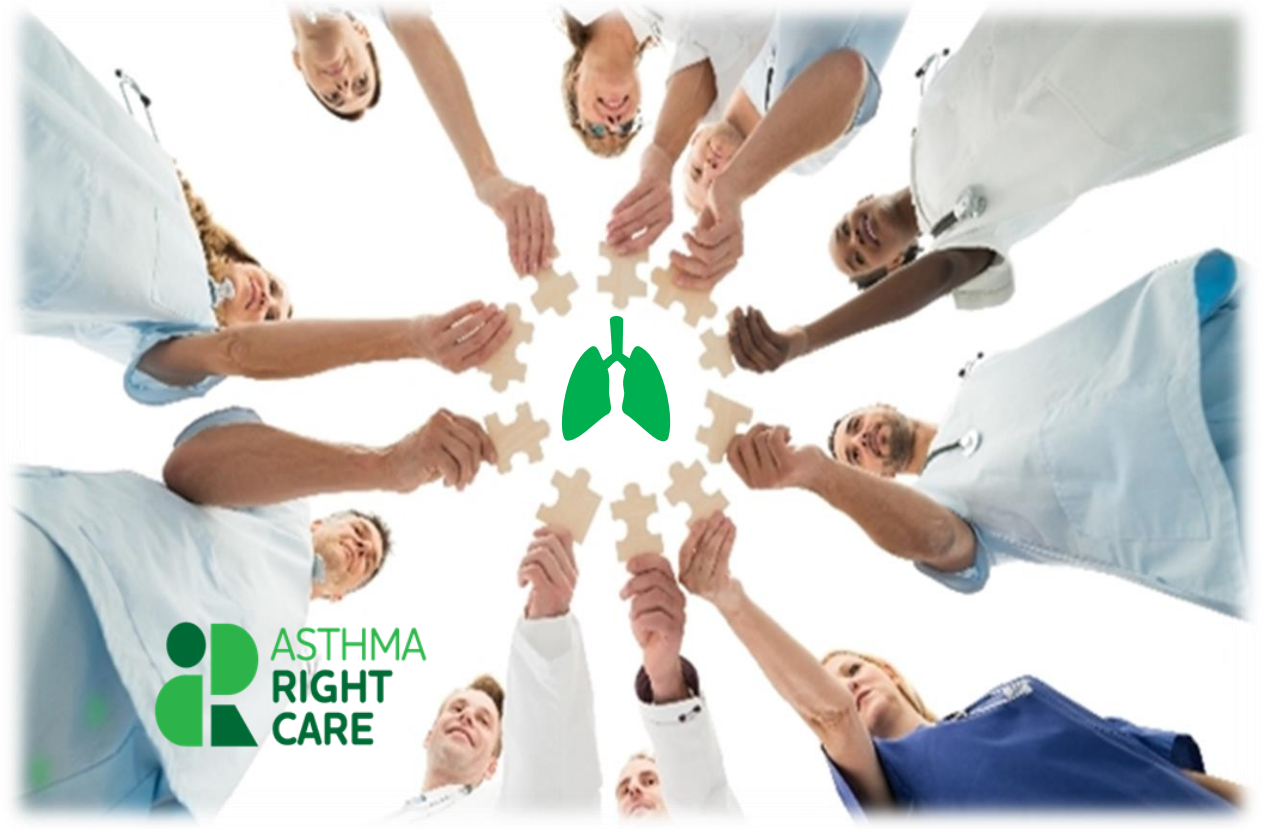
Leading ideas about ARC



Multidisciplinary Teams



Working Team



Collaborating with colleagues

Is your asthma in the hands of the pilot or are you relying on the co-pilot three or more times a week?



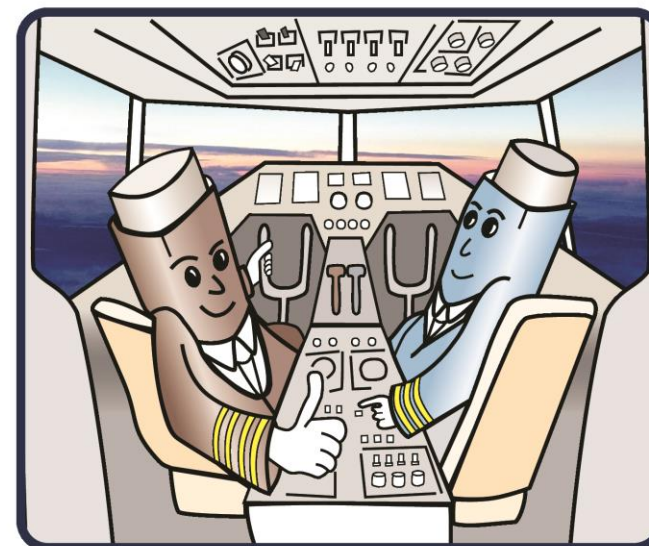
The captain of your asthma care should be your regular preventer inhaler, not the co-pilot blue inhaler. If you feel that you are reliant on your blue inhaler, then you are likely to have uncontrolled asthma. Regular overuse of your blue inhaler puts you more at risk of having an asthma attack.¹ If you are experiencing frequent asthma symptoms and taking 3 or more inhalations* a week of your blue inhaler, let's talk about your asthma care and how we can help you. Book a review with your asthma nurse TODAY

¹ Hull S A, et al. Asthma prescribing, ethnicity and risk of hospital admission: an analysis of 35,864 linked primary and secondary care records in East London. *NPJ Prim Care Respir Med* 2016;26:16049

* One to two puffs per inhalation (dose)



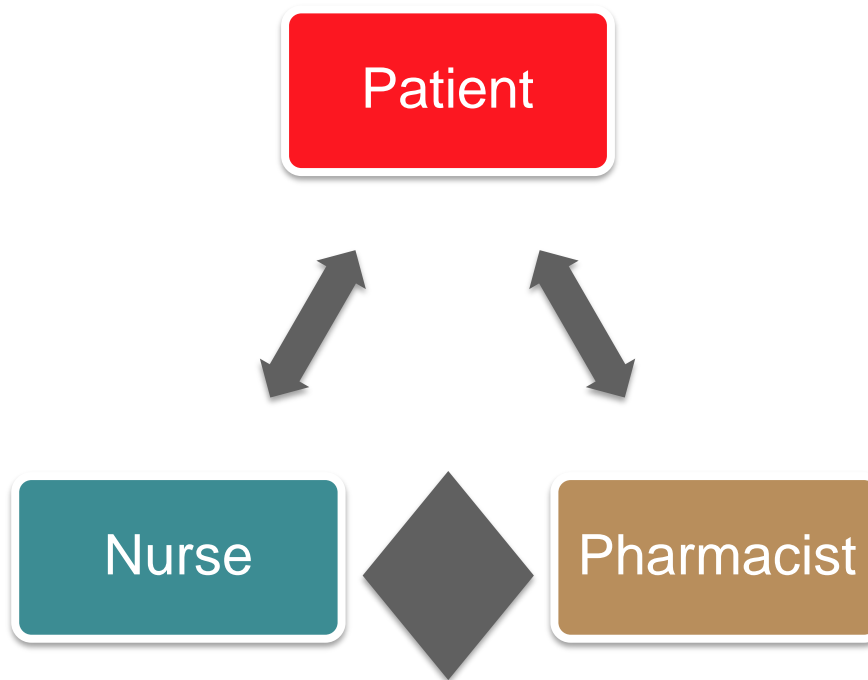
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Asthma Right Care Tools



100% Progress

Asthma Slide Rule

1. Questions for prescriber to ask themselves and a person with asthma
Using this slide rule, how much short acting beta₂ agonist (SABA) also known as reliever/rescue/salbutamol/blue inhaler would you think was acceptable for a person with asthma to take in a year, week or day before you thought a review was necessary? What made you choose that?

Increasing SABA use	1	2	3	4	5	6	7	8	9	10	11	12
Number of SABA inhalers (to per year)	1	2	3	4	5	6	7	8	9	10	11	12
Puffs of SABA used per year	200	400	600	800	1000	1200	1400	1600	1800	2000	2200	2400
Puffs of SABA used per week	4	8	12	15	19	23	27	31	35	38	42	46
Puffs of SABA used per day	<1	1	2	2	3	>3	4	>4	5	6	>6	7

Symptoms

Some doctors do not count 200 puffs. Check the number in the device you prescribe/issue or use, and modify these messages accordingly.
Suggestion: Try asking a person with asthma the following question before asking question 1:
"In the past 4 weeks, how often have you used your reliever/blue inhaler each day?"

Asthma Right Care Guidance Notes available at www.pcrj-uk.org/asthmarightcare GB-1811 Doc 09 Prev - Aug 2016



01

Question and challenge cards - useful for icebreakers, chats, discussion fora, social media

02

Asthma SABA Slide rule - explores how many puffs of their short acting beta agonist (SABA) inhaler the individual is using, how this compares to the international guideline advice, and, on the reverse, explores importance and confidence to have a conversation about a review

03

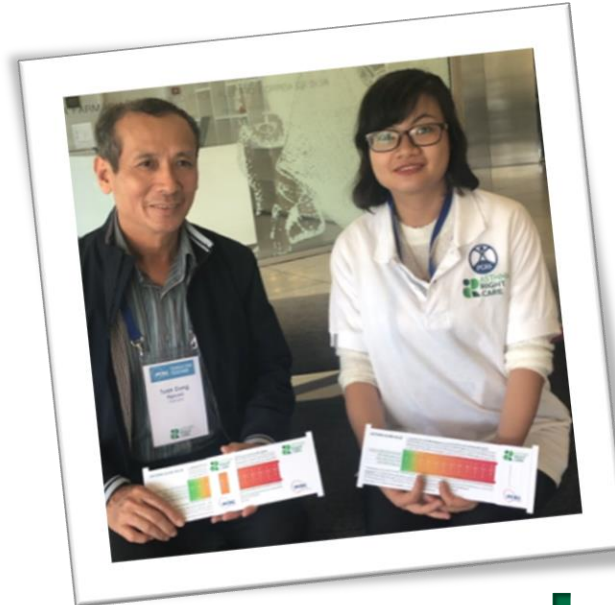
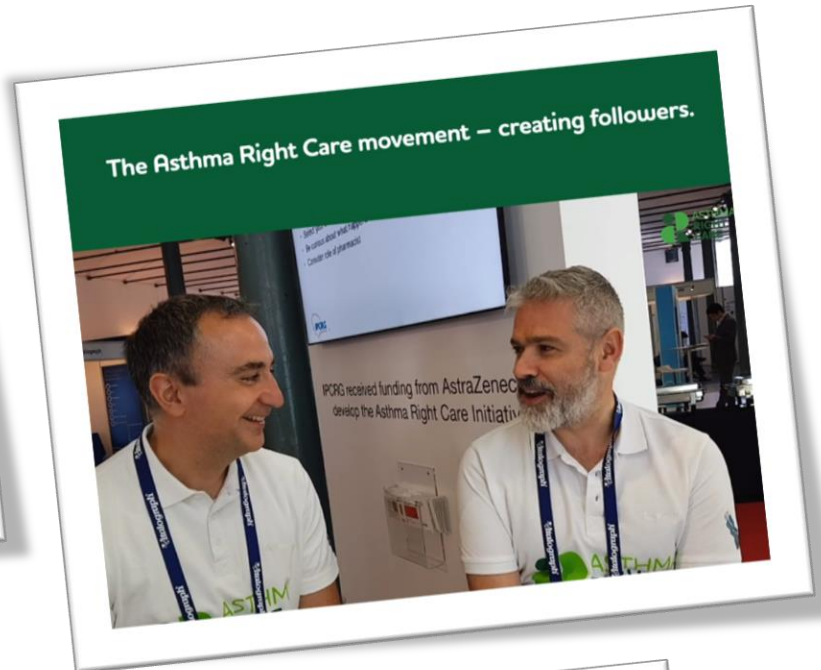
Reliever Reliance Test - helps a person with asthma explore why they use the amount they use, and gives some advice on whether a change might improve their asthma

Tools to get the conversation going between people with asthma and clinicians about Right Care for Asthma

All ARC resources are freely available from: <https://www.ipcrg.org/asthmarightcare>

ASTHMA RIGHT CARE

CHANGE THE CONVERSATION

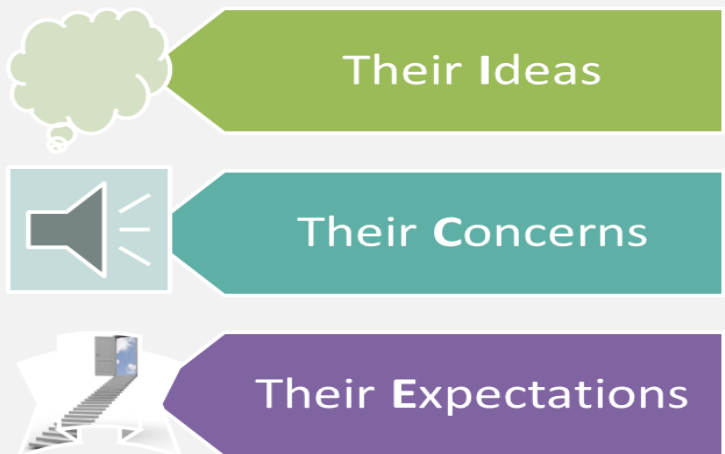


www.ipcrg.org/asthmarightcare

Aim

Achieving behavioural change in regards to asthma management:

- ❖ **To face the problem of over-reliance on SABA**
- ❖ **To achieve adherence to preventive treatment with inhaled steroids**



By Darush Attar-Zadeh
IPCRG Pharmacist

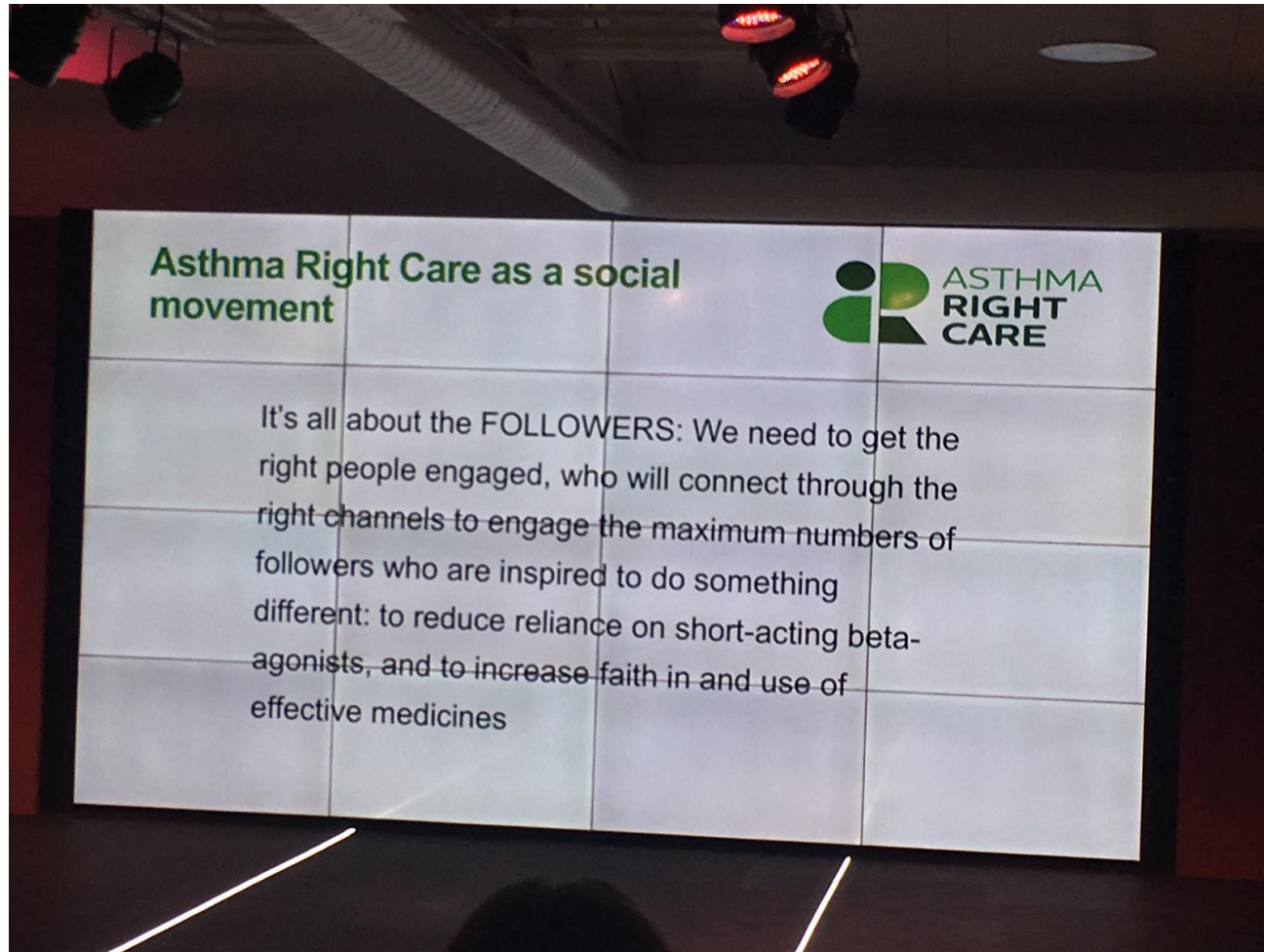
I
C
E

Focus on the patient

Find out the meaning of the symptoms or illness **for the patient**



The power of one, the power of many



“We need to be activists in our work lives as much, or even more, than in any other sphere of our lives”

Quote from Dr Helen Bevan
Chief of Service Transformation
NHS Institute for Innovation and Improvement

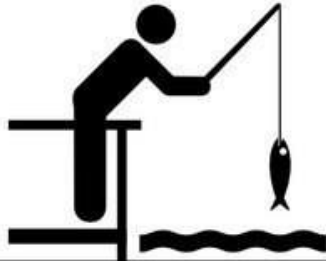
ARC social movement

IF YOU
 GIVE SOME-
 ONE A FISH,



THEY EAT
 FOR A DAY.

IF YOU
 TEACH SOME-
 ONE TO FISH,



THEY CAN FEED THEM-
 SELVES UNTIL THE
 WATER IS CONTAMINATED
 OR THE SHORELINE IS
 SEIZED FOR DEVELOPMENT.

IF YOU
 SUPPORT
 A SOCIAL
 MOVEMENT,



THEN WHATEVER THE
 CHALLENGE, THEY CAN
 ORGANIZE WITH THEIR
 PEERS AND STAND UP
 FOR THEIR INTERESTS.



Messages for taking home

Knowledge-Skills-Collaborating with colleagues



A



R



C



...leads to manage asthma better than ever before

www.ipcrg.org/asthmarightcare

