ASTHMA RIGHT CARE

AN IPCRG INITIATIVE

QUESTION & CHALLENGE CARDS

Health and Care Professionals

International Primary Care Respiratory Group

IPCRG Est. 2001

work locally collaborate globally

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 beta$_2$ agonists (SABA), and testing how to create a sense of discomfort and dissatisfaction with this amongst all stakeholders.

OUR "HUNCHES" DRIVING THIS PROGRAMME ARE

- Whilst there is over-reliance, there is no consensus on what "over-reliance" looks like
- The initial conversations about SABAs that may affect 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 GPs, pharmacists and patients are responsible for the content.
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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

Pharmacists sometimes detect that the patient has been dispensed 3 or more 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 best can you inform the doctor about this?

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”

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.

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

First prescription of SABA for asthma:

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

Does this influence future beliefs about SABAs?

First prescription of SABA for asthma:

Is SABA usually prescribed for patients attending the emergency department?

What happens next?

What does the term reliever asthma treatment mean for the patient?

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

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?

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 as-needed-only low dose ICS- formoterol as a preferred track, as controller and reliever.

Simile:
Does this work for you?

If your patient had chest pain would you keep prescribing GTN spray or would you try and identify the coronary occlusion and resolve it?

Using other inhaled treatments and not treating the underlying inflammation and airways obstruction with inhaled steroids is the same – it may relieve but it doesn't treat asthma.

How many patients on your practice register are on 3 or more SABAs a year

What would it take to review them?

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

General practitioner/family doctor, nurse or pharmacist?

Challenging statement:

“SABA over-reliance is a problem in asthma, but not in COPD.”