Indian Health Service

Asthma Control in Tribal Communities (ACT) Informatics Response

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Asthma Control in Tribal Communities (ACT) Informatics Response

- IHS National Strategic Initiative May 1, 2023 designed to promote asthma-related awareness, early recognition/diagnosis, control, & improved outcomes
- IHS National Pharmacy & Therapeutics Committee (NPCT) is actively seeking ACT Ambassadors in tribal communities as part of the ACT Strategic Initiative
- Participation as an IHS ACT Ambassador is recommended for clinical, public health, and environmental health professionals and teams with asthma-related expertise operating at I/T/U facilities and in tribal communities
- The Indian Health Service Asthma Control in Tribal communities (ACT) Initiative is a comprehensive strategy designed to support federal, tribal, and Urban Indian Organization Programs as they
  - ACT to increase asthma awareness
  - ACT to recognize and diagnose asthma
  - ACT to support asthma control, and
  - Act to improve asthma-related outcomes

Asthma Overview

SUMMARY OF DISEASE

Definition of Asthma

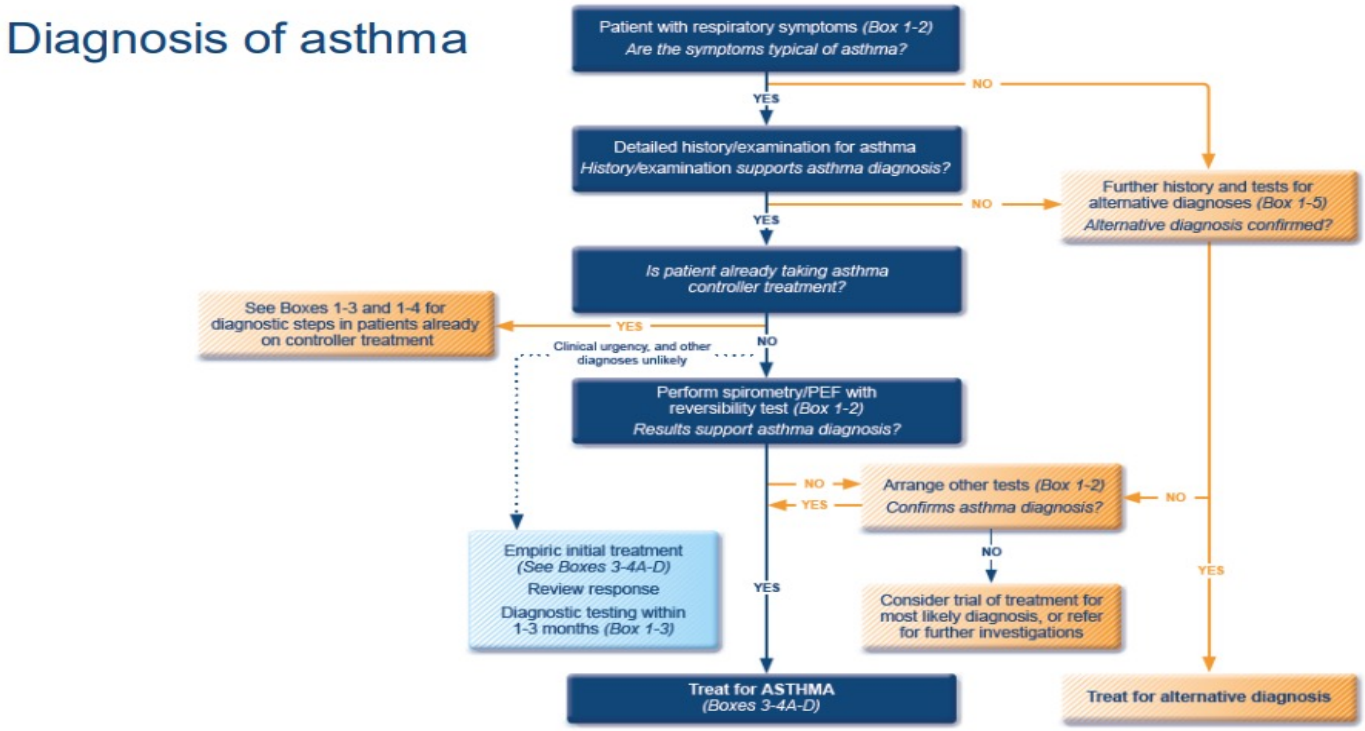
Global Initiative for Asthma 2023 Guidelines

"A heterogeneous disease usually characterized by chronic airway inflammation"

Defined by:

- Respiratory symptoms (wheeze, shortness of breath, cough) +
- Variable expiratory airflow limitation
- Both vary over time and in intensity

Diagnosis of Asthma



Respiratory Symptoms

Respiratory symptoms- wheeze, shortness of breath, cough, chest tightness

Higher probability of asthma diagnosis	Lower probability of asthma diagnosis
Experiencing more than one of the symptoms	Isolated cough with no other respiratory symptoms
Worse at night or early morning	Chronic production of sputum
Vary over time and intensity	Shortness of breath along with dizziness, light-headedness, or paresthesia
Triggered by viral infections, exercise, allergies, changes in weather, or irritants	Chest pain
	Exercise-induced dyspnea with noisy inspiration

Spirometry for Diagnosis

Documented excessive variability in lung function tests (one or more of the following):	**Findings:**
Positive bronchodilator responsiveness	Increase in FEV1 of >12%
Excessive variability in twice daily PEF over 2 weeks	Average daily PEF variability >10% for adults, >13% in children
Increase in lung function after 4 weeks of treatment	Increase in FEV1 by >12% from baseline after 4 weeks of ICS treatment
Positive exercise challenge test	Fall of FEV1 from baseline >10%
Excessive variation in lung function between visits	Variation in FEV1 of >12% between visits

AND documented expiratory airflow limitation	**Findings: When FEV1 is reduced, confirm that FEV1/FVC is also reduced (>0.75-0.8 in adults)**

Diagnostic Pearls

- Important to confirm diagnosis to avoid unnecessary treatment and avoid overlooking other diagnoses
- Family history of asthma increases probability that respiratory symptoms are linked to asthma
- Specific recommendations to confirm asthma diagnosis in those receiving maintenance therapy

Assessment of Asthma

- Asthma **severity** is based on retrospective assessment via treatment needed to control symptoms and exacerbations
- Asthma **control** is assessed via symptom control and risk of adverse outcomes
  - Could use ACT, ACQ, or ->

Box 2-2. GINA assessment of asthma control in adults, adolescents and children 6–11 years

A. Asthma symptom control				
In the past 4 weeks, has the patient had:		**Well controlled**	**Partly controlled**	**Uncontrolled**
• Daytime asthma symptoms more than twice/week?	Yes☐ No☐	None of these	1–2 of these	3–4 of these
• Any night waking due to asthma?	Yes☐ No☐			
• SABA* reliever for symptoms more than twice/week?	Yes☐ No☐			
• Any activity limitation due to asthma?	Yes☐ No☐			
B. Risk factors for poor asthma outcomes				
Assess risk factors at diagnosis and periodically, particularly for patients experiencing exacerbations.				
Measure FEV_1 at start of treatment, after 3–6 months of ICS-containing treatment to record the patient's personal best lung function, then periodically for ongoing risk assessment.				

Assessment Pearls

- Important to distinguish between “severe asthma” (refractory to conventional treatment) and uncontrolled asthma due to modifiable factors (inhaler technique/ adherence)
- GINA suggests the term “mild asthma” should be avoided because patients with infrequent symptoms are still at risk for fatal exacerbations

Treatment – Nonpharmacologic

- Assess nonintentional and intentional nonadherence
- Ensure proper inhaler technique
- Utilize spacers
- Address physical barriers (i.e., arthritis) limiting use of inhalers
- Reduce exposure to triggers, including smoking cessation
- Encourage physical activity for cardiopulmonary benefit
- Address other comorbidities
- Utilize breathing exercises

Treatment – Patient Education

Asthma Self-Management Education (ASME)

- Self monitor symptoms and peak expiratory flow (PEF)
- Review Asthma Action Plan

Discuss health literacy

Treatment - Medications

Reduce risk factors for exacerbations

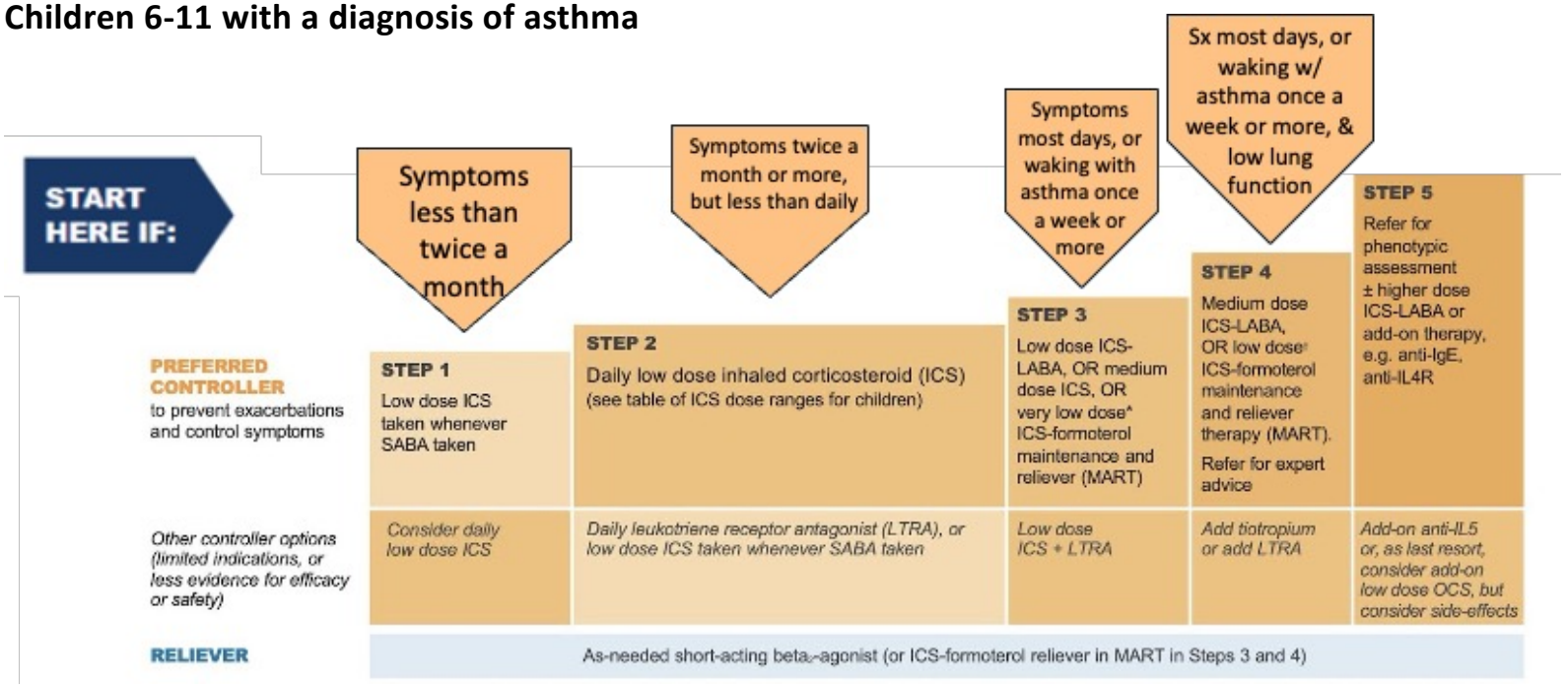
- High Short Acting Beta Agonists (SABA) use
- Inadequate Inhaled Corticosteroids (ICS) use

Avoid medications that may worsen asthma

- Non-selective beta-blockers
- Aspirin and Nonsteroidal Anti-inflammatory Drugs (NSAID-containing products)

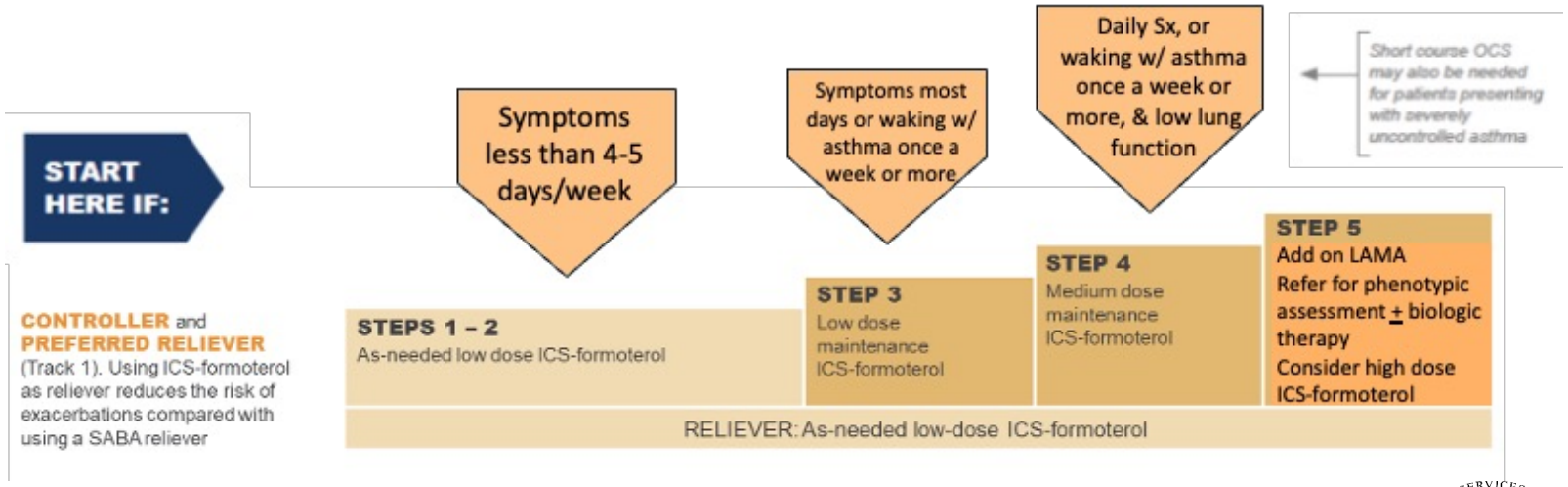
Global Initiative for Asthma (GINA) Guidelines – Starting Treatment

Children 6-11 with a diagnosis of asthma



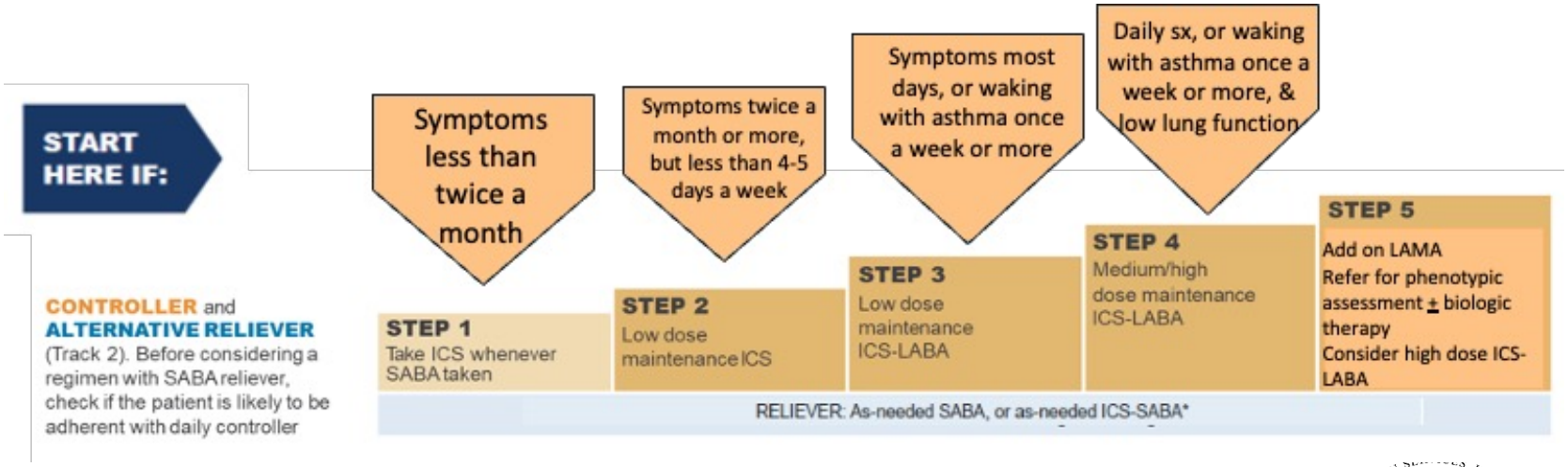
GINA Guidelines – Starting Treatment

Adults and adolescents (12+) with a diagnosis of asthma

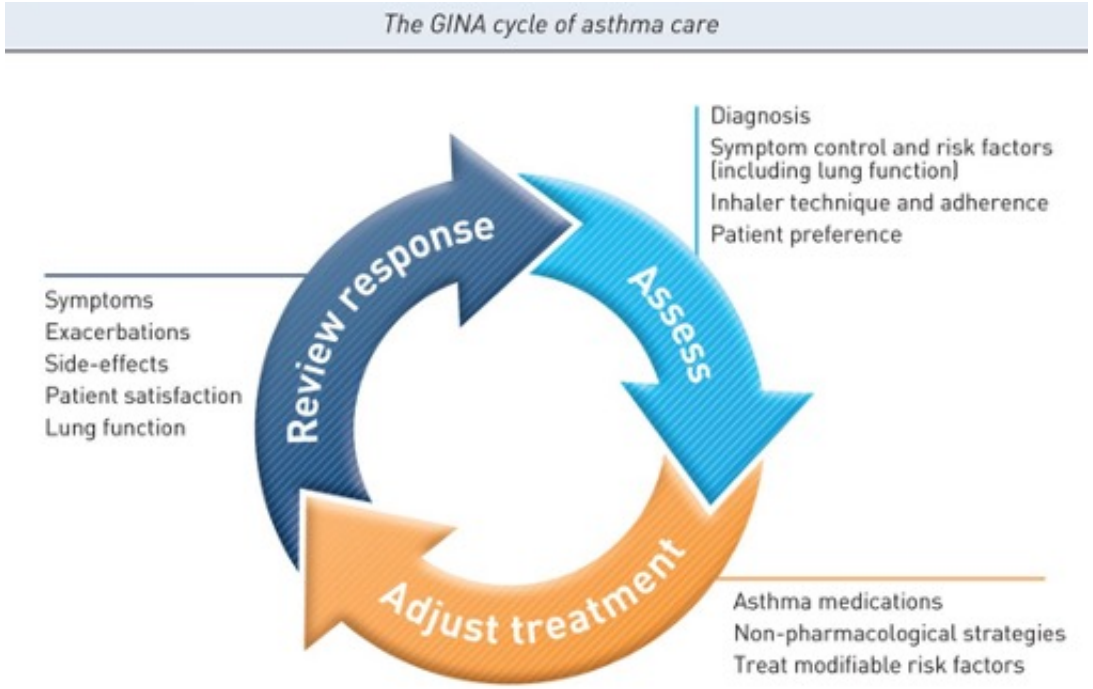


GINA Guidelines – Starting Treatment

Adults and adolescents (12+) with a diagnosis of asthma



Follow Up – Personalize Asthma Management



Follow-Up

The GINA cycle of asthma care

Good communication is essential – establish a partnership with the patient

- Consider health literacy, personal goals and fears, and cultural issues

Treatment choices

- *Population-level decisions:* efficacy, effectiveness, safety, cost, regulations
- *Patient-level decisions for tailoring treatment:* also discuss patient characteristics (phenotype) that predict response or risk; patient preference; practical issues inhaler technique, adherence, and cost; treat modifiable risk factors; use non-pharmacological strategies where appropriate

Stepwise medication adjustment

- *Consider stepping up* if uncontrolled symptoms, exacerbations or risks, but check diagnosis, inhaler technique, adherence and modifiable risk factors first
- *Consider stepping down* if symptoms controlled for 3 months and low risk for exacerbations. For adults, ceasing ICS is not advised.

Written asthma action plan for all patients

Outcomes

Primary

- Reduction in exacerbations, Emergency Department visits, or hospitalizations
- Improvement in Asthma Control Test (ACT) score
- Improvement in asthma control questionnaire score

Secondary

- Immunizations
- Tobacco Cessation
- Medication adjustments

Implementing Informatics Solutions: Where to start?

Step 1: Identify Opportunities

There are many opportunities to implement informatics-based solutions to improve asthma outcomes:

- Create guideline-based order menus to guide clinical decision making
- Create guideline-based note templates to improve documentation
- Create informatics-based tools that are automatically triggered when a specific event occurs
- Utilize tools that integrate with EHR, such as iCare
- Create alarm-clock reminders that prompt clinicians to complete guideline-based interventions
  - Immunizations
  - Annual Screening

Step 2: Create Your Team

A successful quality-improvement team may include

- Students or pharmacy residents
  - May be able to focus their time specifically on the project
  - Quality improvement projects are excellent learning opportunities for students & residents
- Quality Improvement Department
- Project Manager
- Interdisciplinary Team of Stakeholders

Step 3: Choose your Improvement Model

The Plan-Do-Study-Act Cycle is a common improvement model

Step 1: Plan

- Plan the test or observation, including a plan for collecting data

Step 2: Do

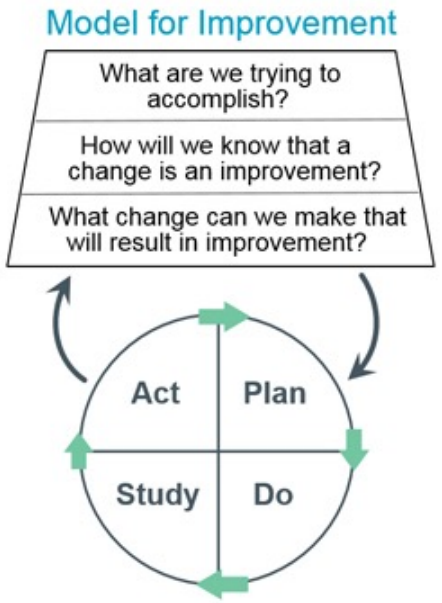
- Try out the test on a small scale

Step 3: Study

- Set aside time to analyze the data and study the results

Step 4: Act

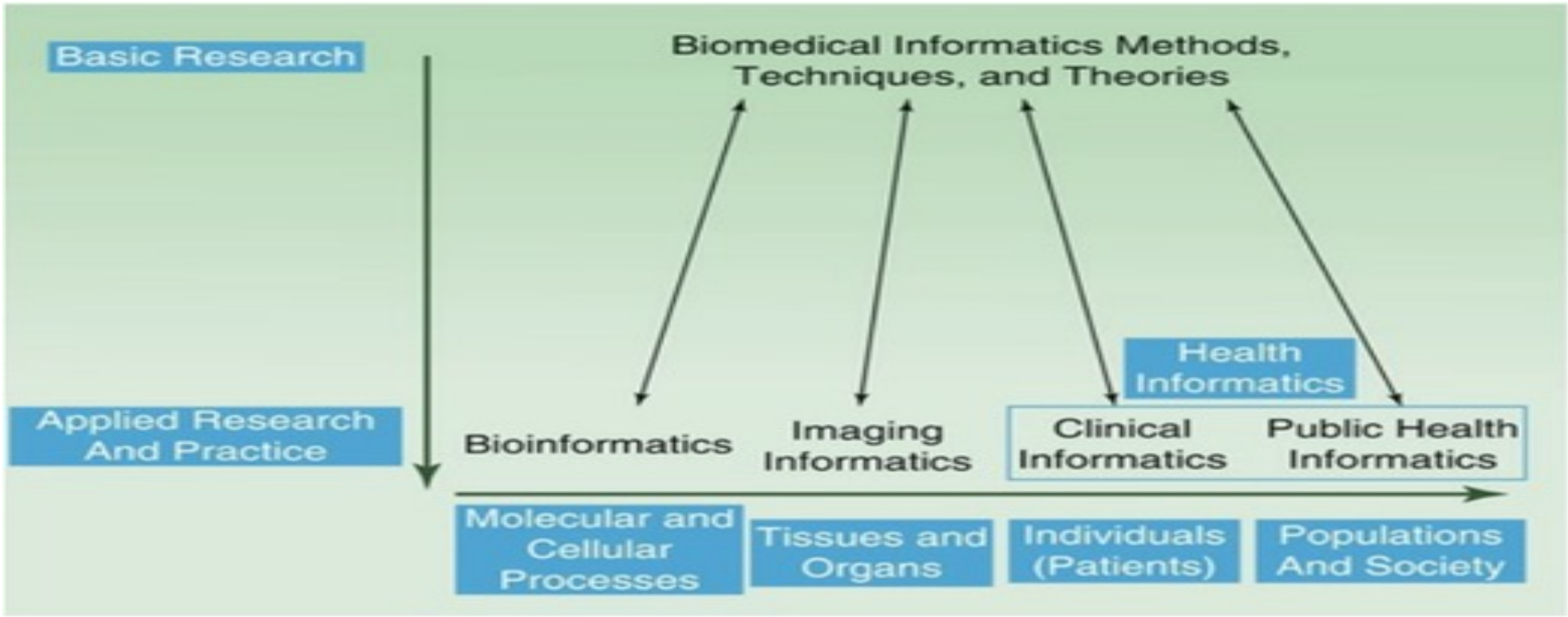
- Refine the change, based on what was learned from the test



Developing an Informatics Response to Asthma

SUGGESTIONS AND OPPORTUNITIES

Informatics Concepts



Opportunities to Leverage Informatics for Asthma Management

- EHR Standardized GUI
- GUI Vitals
- TIU Note Templates
- Reminder Dialogs
- Guideline-based ordering menus

Opportunity #1: EHR GUI Standardization

- A standardized EHR GUI has been developed and deployed by CAPT John Lester, IHS Phoenix Area Office and the NCI Team
- By using the standardized GUI, facilities ensure they are equipped to utilize all available EHR tools to manage asthma

EHR Standardization Benefits

- Reduces resources dedicated to operations & maintenance
- Simplifies training, error identification & remediation
- Realizes Economies of Scale for processes
- Enhances clinical decision support pathways
- Enhances ability to inter-operate with different systems & organizations
- Enhances reliability of quality and performance reporting
- Enhances patient centricity & enhances continuity of care
- Enhances ability to span episodes of care between organizations

Asthma Control in Tribal Communities (ACT) RPMS Clinical Decision Support (CDS) Tools

- Asthma Action Plan & Asthma Care Plan Health Summaries
- Asthma Component
- Taxonomies (e.g. controllers & rescue inhalers)
- Vital Measurements
- Integrated Problem List (IPL)
- IHS 4 Directions Data Migration
- PAMPI (Problems-Allergies-Medications-Procedures-Immunizations)
- Health Factors
- Family History
- Asthma Education
- Reports
- iCare

RPMS EHR Standardization Training

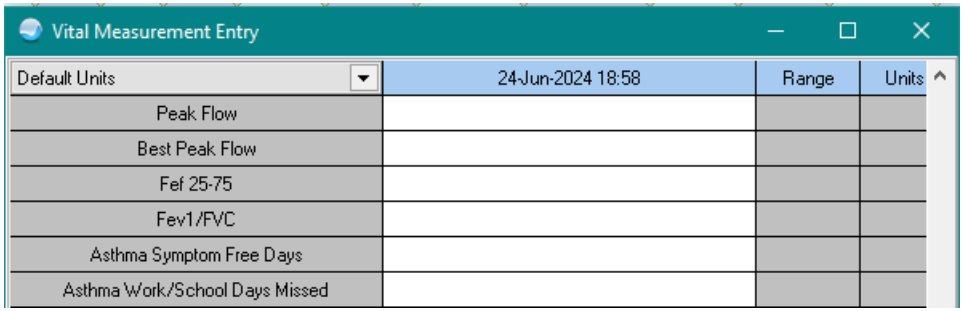
- Component Functionality Series
- HIT Assessment Guide

Training is available at:

https://www.ihs.gov/rpms/training/upcoming-classes/

Opportunity #2: GUI Vitals

- RPMS/EHR allows for several asthma-related vitals, which can be used to quantify asthma control
- Clinical staff should be trained on the location of these vitals in RPMS/EHR



Opportunity # 3: TIU Note Templates

- Standardized note templates are beneficial:
  - Increase speed of documentation
  - Facilitate chart reviews by clinical staff and the business office
  - Ensure clinical staff document appropriately

- Several examples of TIU Note templates are available at:

https://www.ihs.gov/nptc/strategic-initiatives/

Northern Navajo Medical Center – TIU Template

```
SUBJECTIVE:
Here for Adult Asthma Clinic follow-up.
|V CHIEF COMPLAINT|

HISTORY OF PRESENT ILLNESS:


Asthma Symptoms
Daytime Sx:
Nightime Sx:
Interferes w/ normal activity:
SA Beta2-agonist:


Trigger Assessment:
   Paint fumes: Yes       Cold air: Yes       Illness: Yes
   Exercise: Yes          Perfume: Yes        Cleaners: Yes
   Smog: Yes              Car Fumes: Yes      Smoking: Yes
   Pets: Yes              Flowers: Yes        Trees: Yes
   Grass: Yes             Emotions: Yes

Home Environment
   Roaches: Yes           Mold: Yes
   Home heating source:

Time of year that is causes most asthma symptoms:

History of uranium exposure:
History of asthma related admissions:
History of intubations related to asthma:

REVIEW OF SYSTEMS:
Constitutional:
  Denies: Fever, weight loss, chills, weakness, or trouble sleeping
Eyes:
  Denies: Eye drainage, redness, pain, or vision change
Ears/Nose/Mouth/Throat:
  Denies: Hearing loss, tinnitus, ear drainage, or pain
          Nasal bleeding, congestion, sinus pressure or discharge
          Mouth dryness, ulcers, toothache, or sore throat
Cardiovascular:
  Denies: Chest pain, dyspnea, orthopnea, palpitations, or edema
Respiratory:
   Denies: shortness of breath, cough, or wheezing
Gastrointestinal:
   Denies: Abdominal pain, nausea, vomiting, diarrhea, or constipation
Genitourinary:
   Denies: Any problems urinating, or any discharge
Musculoskeletal:
   Denies: Stiffness, weakness, swelling, or pain
Skin/Breast:
   Denies: Rash, bruising, itching, or lesions
Neurologic:
   Denies: Headache, seizures, syncope, numbness, tremor, or tingling
Psychiatric:
   Denies: Depression, nervousness, or mood swings
Endocrine:
   Denies: Heat/cold intolerance, frequent urination, thirst, change in appetite
Hematologic:
   Denies: Bleeding, bruising, lymphadenopathy
```

```
_____________________________________________________________________
PMH: Reviewed and updated.
|ACTIVE PROBLEMS W/O DATES|

_____________________________________________________________________
CURRENT MEDICATION LIST:
|ACTIVE MEDICATIONS|

_____________________________________________________________________
FAMILY HISTORY:
Family history of asthma:

SOCIAL:
  Occupation:
  Lives with:
  Marital Status:
  Tobacco/drugs:
  Alcohol use:

_____________________________________
OBJECTIVE:
|VITALS FOR TODAY|
|LAST HT WITH DATE|
|LAST WT WITH DATE|
|BMI WITH CAPTION|
BP:|BPXRM BP|
PULSE:|LAST PULSE|

ALLERGIES REVIEWED:
|ALLERGIES/ADR|

EXAM
GENERAL: Alert & oriented x 3, Well-developed, well-nourished, and in no acute
distress.

HEENT: External ear and TMs clear. Nasal mucosa normal. Pharynx without erythema,
swelling, or exudate. No sinus tenderness on palpation

NECK: No lymphadenopathy. No masses noted. Supple with full ROM. Thyroid not
enlarged.

RESPIRATORY:  Clear to auscultation bilaterally. Normal respiratory effort.

HEART:   Regular rate and rhythm. Normal S1 and S2. No murmurs or rubs or
gallops.


EXTREMITIES: No edema, clubbing, cyanosis, ulcers, nor atrophy.

SKIN:   No rashes, induration, or nodules.
```

```
Recent Labs:
|LAST LAB CHEM 7|
|LAST LAB LFT|
|LAST LAB LIPIDS|
|LAST LAB MACRO/CREA|
|LAST LAB TSH|
|LAST LAB GLUCOSE|

_____________________________________________
ASSESSMENT:
|V POV MULTI-LINE|

Last Pulmonary Function Test:

_____________________________________________
PLAN:
Medications

After this visit Asthma Step is:



Referrals:

Follow up: RTC  month(s)
Follow-up prn increased symptoms
```

Quentin N Burdick Memorial TIU Template

```
================================================================
        Quentin N. Burdick Memorial Health Care Facility
                    ASTHMA MANAGEMENT CLINIC
================================================================

|PATIENT NAME| is a |PATIENT AGE| year old |PATIENT SEX| who presents for management of
asthma.

See consult from {FLD:BEL PROVIDER LIST2} {FLD:DATE}.

SUBJECTIVE:
{FLD:IHS WORD PROCESSING}

Asthma Control Test Score: {FLD:EDIT BOX3}
Well Controlled: >20
Not Well Controlled: 16-19
Very Poorly Controlled: Less than 15

Daytime Sx: {FLD:DAYTIME SX}

Nightime Awakening: {FLD:NITETIME SX}

Interferes w/ normal activity: {FLD:INTERFERES ACTIVITY}

SA Beta2-agonist use: {FLD:DAYTIME SX}

Exacerbations requiring oral steroids in the past year: {FLD:EDIT 10}

Adherence:
{FLD:IHS WORD PROCESSING}

Inhaler Technique:
{FLD:IHS WORD PROCESSING}

Asthma Triggers:
{FLD:BEL RX ASTHMA TRIGGERS}
Other: {FLD:TEXT (1-20)}

Tobacco Use/Exposure:
{FLD:BEL RX ASTHMA TOBACCO}

Comorbidities:
{FLD:BEL RX ASTHMA COMORBIDITIES}


Peak Flow Monitoring:
       Personal best peak flow: {FLD:EDIT BOX3}
       Average peak flow past 2 - 4 weeks: {FLD:EDIT BOX3}
       % Best peak flow {FLD:BEL RX ASTHMA BEST PEAK FLOW}
```

```
OBJECTIVE:

ALLERGIES REVIEWED:
|ALLERGIES/ADR|

VACCINES REVIEWED:
|IMMUNIZATIONS DUE|

Spirometry Results:
       Date of Last PFT: {FLD:DATE}
       FEV1% Predicted: {FLD:EDIT BOX3}
       FEV1/FVC: {FLD:EDIT BOX3}

ASSESSMENT:

Asthma Severity:
       {FLD:BEL RX ASTHMA SEVERITY}

Asthma Control:
       {FLD:BEL RX ASTHMA LEVEL OF CONTROL}

PLAN:
1) Recommended Action for Treatment: {FLD:BEL RX ASTHMA TREAMENT}

2) Current step (After today's visit): {FLD:BEL RX ASTHMA STEP}

3) Rescue Medications: {FLD:BEL RX ASTHMA RESCUE}

4) Controller Medication:
{FLD:BEL RX ASTHMA CONTROLLER}

5) Short course of oral systemic corticosteroid indicated: {FLD:YES/NO*}

Follow-up: Patient to return to pharmacy on {FLD:DATE} or as needed for increased symptoms.

{FLD:CHECKBOX1}- Differences between rescue and controller medications

{FLD:CHECKBOX1}- Avoidance of Environmental Exposures:
{FLD:BEL RX ASTHMA AVOIDANCE OF ENV}

{FLD:CHECKBOX1}- Importance of Adherence

{FLD:CHECKBOX1}- Inhaler Technique

{FLD:CHECKBOX1}- Detailed asthma action plan provided and discussed

{FLD:CHECKBOX1}- Self-monitoring

{FLD:CHECKBOX1}- Education materials provided

Best contact number to reach patient: {FLD:TEXT (1-20 CHAR)}

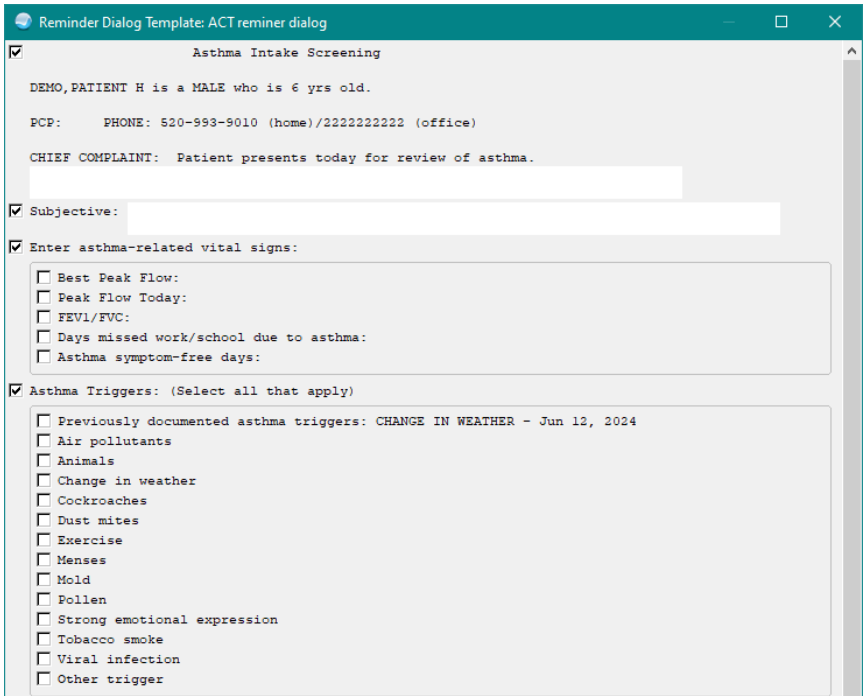
Total time spent with patient: {FLD:TEXT (1-10 CHAR)1} minutes
```

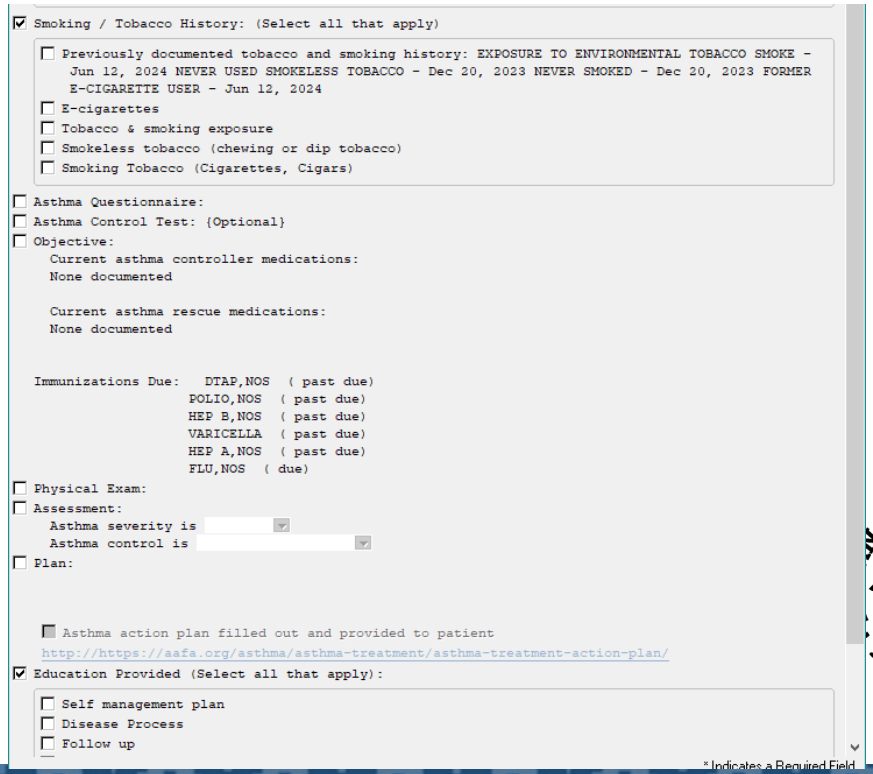
Opportunity # 4: Reminder Dialogs

Reminder dialogs empower users to document multiple pieces of information at the same time

- Write a note
- Record vitals
- Place orders for medications, labs, consults, etc
- Document health factors and education topics
- Document Vaccinations
- Add CPT codes to visit documentation

Example of a Reminder Dialog



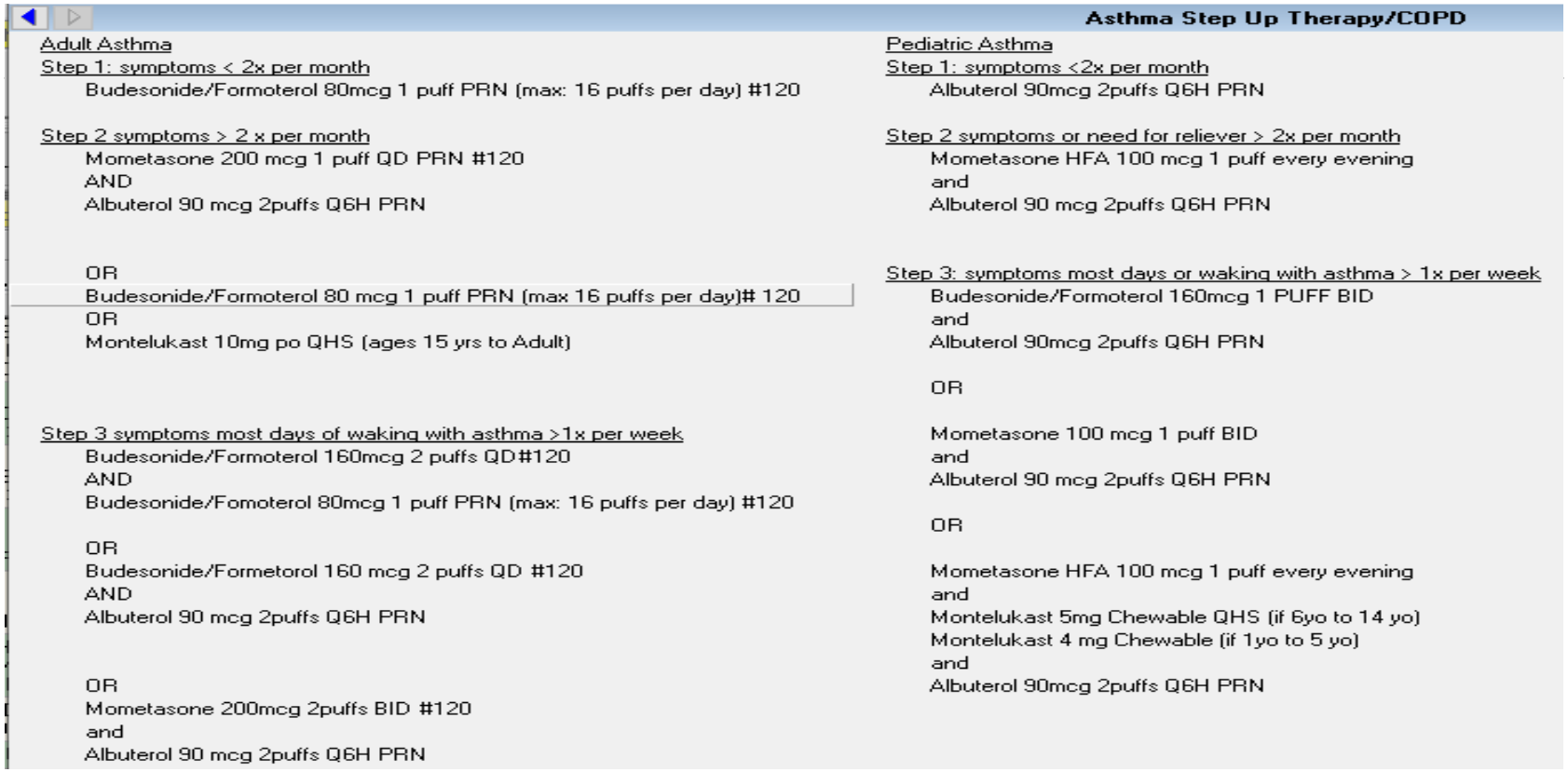


Opportunity # 5:
Guideline-Based Order Menus

Guideline-based order menus:

- Encourage clinicians to order the most appropriate medication
- Reduce decision fatigue
- Simplify the medication ordering process

Fort Yuma Ordering Menu



Asthma Step Up Therapy/COPD

Adult Asthma

Step 1: symptoms < 2x per month
- Budesonide/Formoterol 80mcg 1 puff PRN (max: 16 puffs per day) #120

Step 2 symptoms > 2 x per month
- Mometasone 200 mcg 1 puff QD PRN #120
- AND
- Albuterol 90 mcg 2puffs Q6H PRN

OR
- Budesonide/Formoterol 80 mcg 1 puff PRN (max 16 puffs per day)# 120
- OR
- Montelukast 10mg po QHS (ages 15 yrs to Adult)

Step 3 symptoms most days of waking with asthma >1x per week
- Budesonide/Formoterol 160mcg 2 puffs QD#120
- AND
- Budesonide/Fomoterol 80mcg 1 puff PRN (max: 16 puffs per day) #120

OR
- Budesonide/Formetorol 160 mcg 2 puffs QD #120
- AND
- Albuterol 90 mcg 2puffs Q6H PRN

OR
- Mometasone 200mcg 2puffs BID #120
- and
- Albuterol 90 mcg 2puffs Q6H PRN

Pediatric Asthma

Step 1: symptoms <2x per month
- Albuterol 90mcg 2puffs Q6H PRN

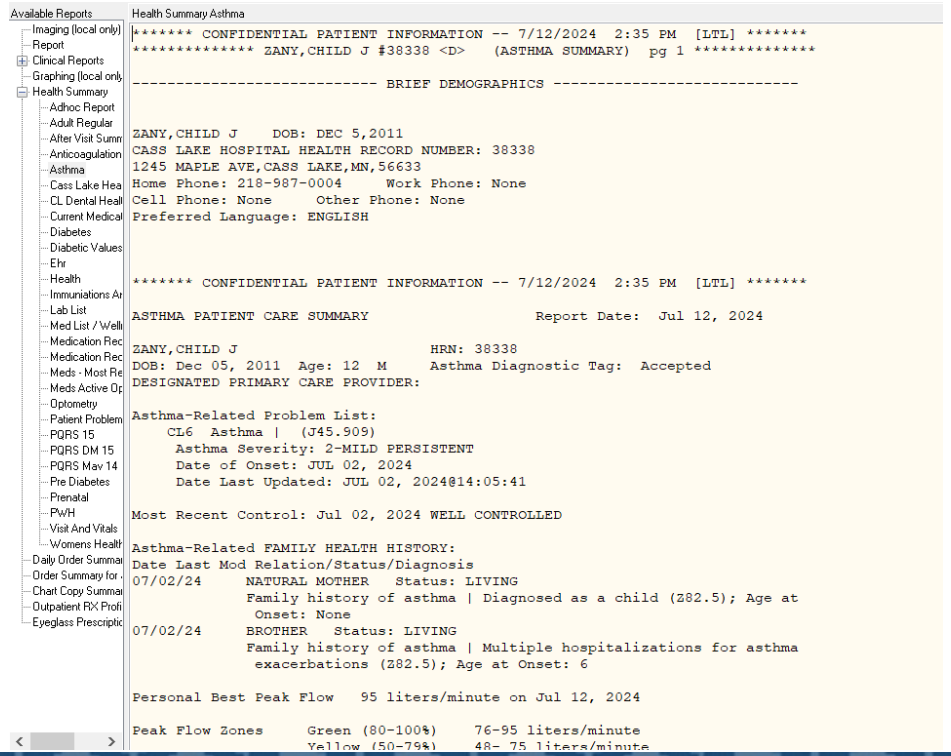
Step 2 symptoms or need for reliever > 2x per month
- Mometasone HFA 100 mcg 1 puff every evening
- and
- Albuterol 90 mcg 2puffs Q6H PRN

Step 3: symptoms most days or waking with asthma > 1x per week
- Budesonide/Formoterol 160mcg 1 PUFF BID
- and
- Albuterol 90mcg 2puffs Q6H PRN

OR
- Mometasone 100 mcg 1 puff BID
- and
- Albuterol 90 mcg 2puffs Q6H PRN

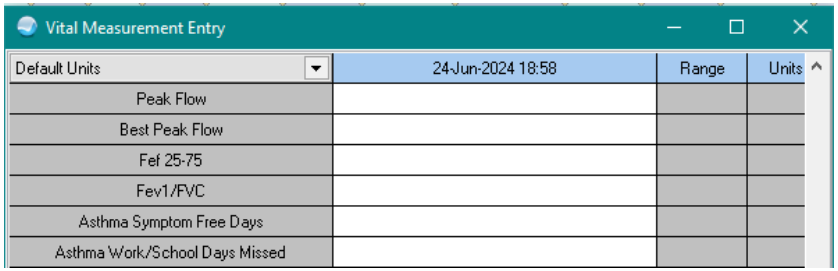
OR
- Mometasone HFA 100 mcg 1 puff every evening
- and
- Montelukast 5mg Chewable QHS (if 6yo to 14 yo)
- Montelukast 4 mg Chewable (if 1yo to 5 yo)
- and
- Albuterol 90mcg 2puffs Q6H PRN

Opportunity #6
Build an Asthma Health Summary



Visit Vitals

6 Vital Measurements Available



This example is using 4 of the 6 vital measurements

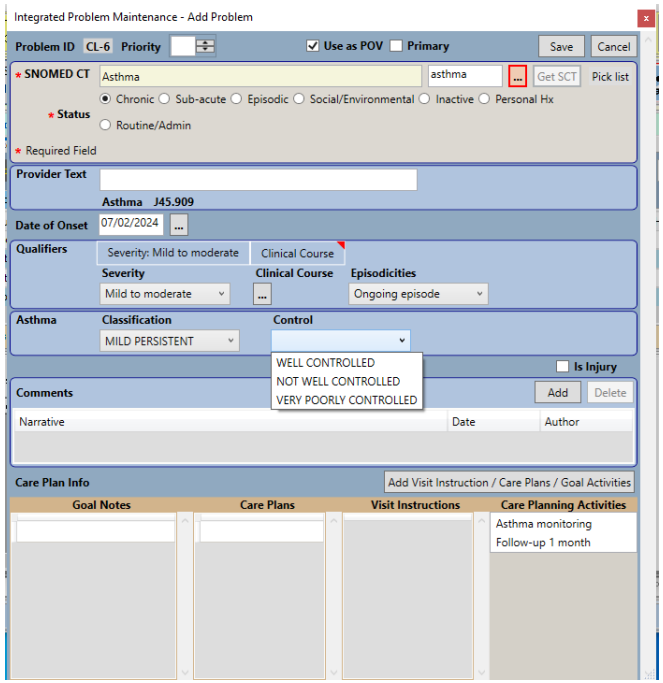
Asthma Work/School Days Missed	3		
Asthma Symptom Free Days	14		
Peak Flow	90		
Best Peak Flow	95		

```
Last 5 Visits w/LUNG FUNCTION Measurements
  DATE              FEV1/FVC          Highest Visit Peak Flow     FEF 25-75
-------------------------------------------------------------------------------
  Jul 12, 2024                        90

Asthma Symptom-Free Days:
 Visit Date         Symptom-Free Days
-------------------------------------------------
 Jul 12, 2024       14
 Jul 02, 2024       14

Asthma Work/School Days Missed:
 Visit Date         Work/School Days Missed
-------------------------------------------------
 Jul 12, 2024       3
```

Integrated Problem List
Asthma Diagnosis

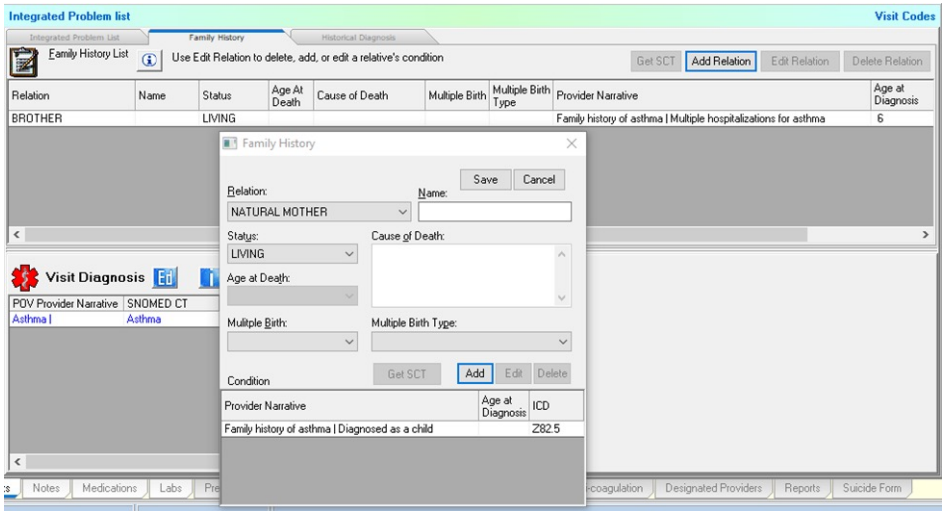


- Choose an Asthma ICD code from the IPL
- Date of Onset
- Qualifiers
- Classification
- Control
- Add Visit Instructions/Care Plans/Goal Activities

```
Asthma-Related Problem List:
    CL6  Asthma |  (J45.909)
     Asthma Severity: 2-MILD PERSISTENT
     Date of Onset: JUL 02, 2024
     Date Last Updated: JUL 02, 2024@14:05:41

Most Recent Control: Jul 02, 2024 WELL CONTROLLED
```

Family History

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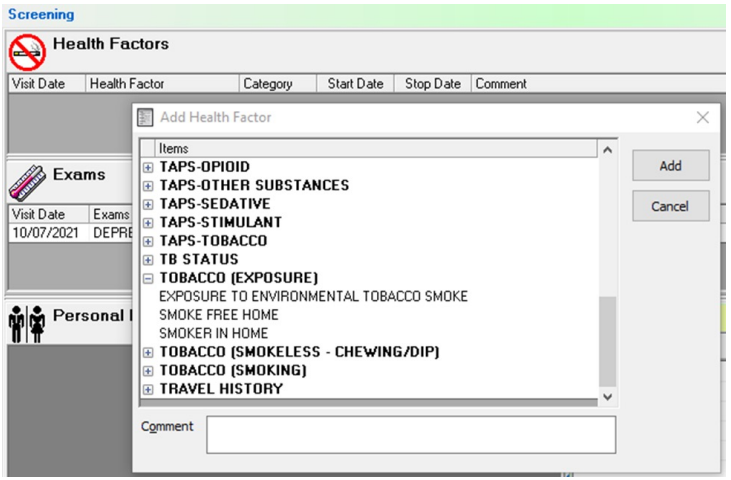
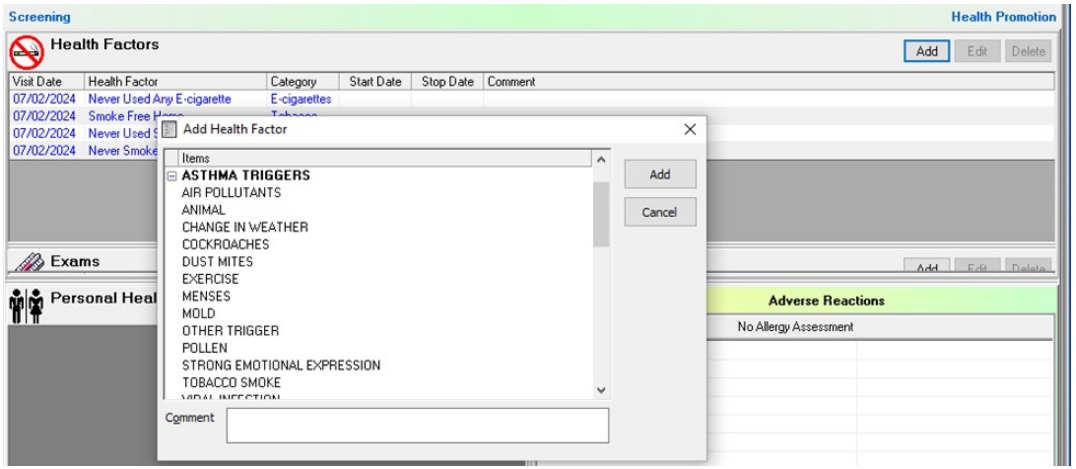
Asthma-Related FAMILY HEALTH HISTORY:
Date Last Mod Relation/Status/Diagnosis
07/02/24      NATURAL MOTHER   Status: LIVING
              Family history of asthma | Diagnosed as a child (Z82.5); Age at
               Onset: None
07/02/24      BROTHER   Status: LIVING
              Family history of asthma | Multiple hospitalizations for asthma
               exacerbations (Z82.5); Age at Onset: 6
```

Health Factors






```
Triggers:
  AIR POLLUTANTS                  Yes, documented on Jul 02, 2024
  EXERCISE                        Yes, documented on Jul 02, 2024

Last TOBACCO (SMOKING) Screening: HF: NEVER SMOKED  07/02/24

Last TOBACCO (SMOKELESS) Screening: HF: NEVER USED SMOKELESS TOBACCO  07/02/24

Last TOBACCO (EXPOSURE) Screening: HF: SMOKE FREE HOME  07/02/24
```

Asthma Medications

File View Action

Active Only | Chronic Only | 120 days | Print... | Print New Items | Process... | New... | Check

Outpatient Medications

Action	Chronic	Outpatient Medications	Status	Process	Issued	Last Filled	Expires	Refills Remaining
	✓	BUDESONIDE-FORMOTEROL 80-4.5 MCG (120S) (BRAND) Qty: 10.2 for 30 days Sig: INHALE 2 PUFFS BY MOUTH TWICE DAILY AND INHALE 1 PUFF FOUR TIMES A DAY IF NEEDED - RINSE OUT MOUTH AFTER EACH USE DBP	Active		03-Apr-2024	03-May-2024	03-Apr-2025	4
	✓	ALBUTEROL 0.083% SOLN,NEB Qty: 90 for 30 days Sig: INHALE CONTENTS OF ONE (1) NEB BY MOUTH FOUR TIMES A DAY IF NEEDED FOR SHORTNESS OF BREATH DBP	Active		12-Jul-2024	12-Jul-2024	12-Jul-2025	3

Patient medication list has 2 asthma medications but the Asthma Health Summary only has 1 medication. Taxonomy at the site needs updating.

```
Number of Reliever Fills in past 6 months:  1

Number of Controller Fills in past 6 months:  0

  ----------RELIEVER MEDICATIONS (FILLED IN THE PAST 6 MONTHS---------
7/12/2024  (C) ALBUTEROL 0.083% SOLN,NEB #90 (30 days)
                INHALE CONTENTS OF ONE (1) NEB BY MOUTH FOUR TIMES A DAY IF
                NEEDED FOR SHORTNESS OF BREATH DBP  3 refills left.

  ----------CONTROLLER MEDICATIONS (FILLED IN THE PAST 6 MONTHS---------
```

Asthma Taxonomies

- Multiple **asthma taxonomies**
- Site updated based on local drug file
- Update in iCare or RPMS

BAT ASTHMA CONTROLLER MEDS
BAT ASTHMA INHALED STEROIDS
BAT ASTHMA LEUKOTRIENE MEDS
BAT ASTHMA SHRT ACT INHLR MEDS
BAT ASTHMA SHRT ACT RELV MEDS

Questions & Discussion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