

Asthma Patient Centered Care with Shared Decision Making



Carolinan HealthCare System



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Background

- Asthma is a complex chronic illness that is difficult to manage, particularly in disadvantaged populations
 - Disparities in health outcomes
 - Poor medical compliance
 - High healthcare costs
- Shared decision making (SDM) is a valuable tool in self-management



Paternalistic:
the doctor alone
decides on the best
course of action,
believing the decision
made is in the
patient's best
interests.



Shared Decision Making

In **Shared decision making** the patient provides information to the physician on values, preferences and the provider gives treatment options, the benefits and risks of each.



Shared Decision Making: A Meeting of 2 Experts

Patient provides information on: values, preferences, lifestyle, beliefs and current knowledge about the illness and its treatment

Physician/ACP provides all relevant disease information: benefits and risks of various treatments and potential effects on the patient's psychological and social well being



So why should I bother Sharing Decisions with patients?

- **Better health outcomes**
- **Improved knowledge**
- More accurate risk perceptions
- Greater comfort with decisions
- More participation
- Fewer patients choosing major surgery
- Better treatment adherence
- Reduces litigation when things go wrong



Typical Barriers to Shared Decision Making

- Lack of **time**
- Is it **Effective** for different patient populations?
- **Staffing** -unavailability of current staff to coach
- **Productivity** -potential high no-show
- **Logistical** –how to schedule and incorporate SDM
- **Sustainability**-how do we keep this going?



Set the Stage

(Health Coach)

- Establish rapport
- Describe shared decision making approach



Gather Patient Information

(Health Coach)

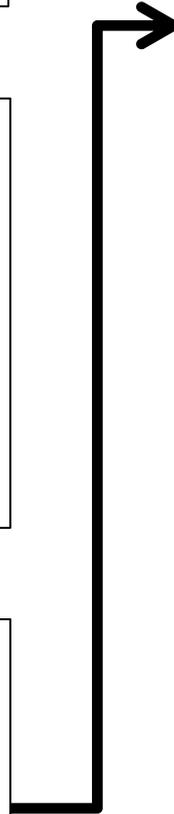
- Asthma symptoms and perceptions of control
- Medication use
- Alternative treatments used
- Environmental triggers
- Identify patient goals



Provide Information

(Health Coach)

- Determine current understanding of asthma
- Review what asthma is and how it is treated
- Confirm comprehension of information



Negotiation

(Health Coach)

- Summarize patient goals and information
- Review spirometry results with patient
- Provide assessment of patient's current symptom control and treatment level
- Determine current asthma severity level
- Work with patient to define medication preferences
- Discuss regimen options
- Negotiate a decision about treatment



Wrap Up

(Provider)

- Physical examination
- Teach back
- Update Asthma Health Maintenance in the EMR
- Write/Fax prescription(s)
- Review proper inhaler technique
- Give Asthma Action Plan and diary
- Set up follow up appointment



Selected Components of Asthma Shared Decision Making Toolkit

SHARED DECISION MAKING (SDM) MATERIALS

ACE STUDY

Asthma Comparative Effectiveness

FOR USE WITH PATIENTS

12 YEARS & OLDER

ASTHMA CONTROLLERS

Symbicort Ammanes Twisthaler Singulair

Advair Diskus Advair HFA

Quar Pulmicort Respules

Quar Flovent HFA Pulmicort Hexhaler

Form #4: Facts About Asthma

The Respiratory System

In Control

NOT in Control

Asthma is a disease of the airways in your lungs. When someone with asthma breathes in one of their "triggers," it causes their airways to get smaller. Doctors call this "bronchospasm." This makes it harder to breathe and can lead to an asthma attack.

3 main things cause the airways to get smaller:

- Swelling/Inflammation
- Extra Mucus
- Tightening Muscles

FORM #2: HOW WELL CONTROLLED IS YOUR ASTHMA?

Well Controlled: My asthma is doing great! It doesn't bother me much at all.

Moderately Well Controlled: My asthma is not bad, but it could be better sometimes.

Poorly Controlled: My asthma bothers me more often than not. It could definitely be better.

Very Poorly Controlled: My asthma bothers me a lot and keeps me from doing things I want to do.

Medication Options to Control Asthma 12 Years and Older Medicaid Insurance

Step 1: Preferred: Albuterol 2-2 puffs every 4-6 hours prn; Alternative: LABA: Singulair 5-10 mg daily

Step 2: Preferred: LABA: Quair 80-160 puffs bid; Alternative: LABA: Singulair 5-10 mg daily; LABA: Flovent HFA 220-440 puffs bid

Step 3: Preferred: LABA: Quair 80-160 puffs bid; LABA: Singulair 5-10 mg daily; LABA: Flovent HFA 220-440 puffs bid; LABA: Pulmicort Hexhaler 90-180 puffs bid

Step 4: Preferred: LABA: Quair 80-160 puffs bid; LABA: Singulair 5-10 mg daily; LABA: Flovent HFA 220-440 puffs bid; LABA: Pulmicort Hexhaler 90-180 puffs bid; LABA: Advair HFA 2 puffs bid

Step 5: Preferred: LABA: Quair 80-160 puffs bid; LABA: Singulair 5-10 mg daily; LABA: Flovent HFA 220-440 puffs bid; LABA: Pulmicort Hexhaler 90-180 puffs bid; LABA: Advair HFA 2 puffs bid; LABA: Symbicort 2 puffs bid

FORM #9: MEDICATION PLANNER

FEATURES THAT MATTER TO ME	CURRENT PLAN	OPTION 1	OPTION 2	OPTION 3
	Albuterol 2 puffs prn	Advair HFA 2 puffs bid	Quair 80-160 puffs bid	Quair 80-160 puffs bid
Control	(-)	+++	++	+
Cost	S	SS	Few	More
Side Effects	Slight	Few	++	++
Convenience	+	+++		
Other				

EMR STICKER



Asthma SDM Website

- asthma.carolinashealthcare.org/



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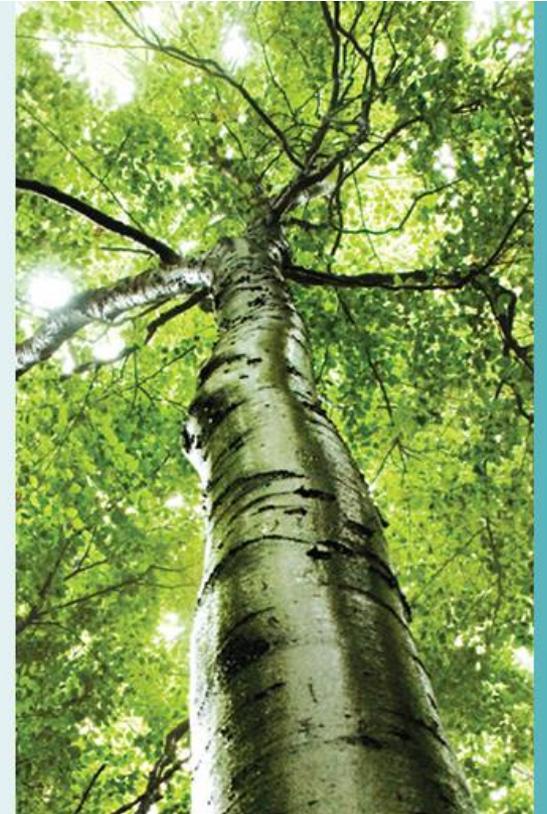


Primary Care Asthma Tools

Helping providers make clinical decisions at the point of care.

- › Asthma Action Plan Generator
- › Shared Decision Making Toolkit
- › Implementation Resources

- › "The Amazings" Asthma App Game



10/23/2014

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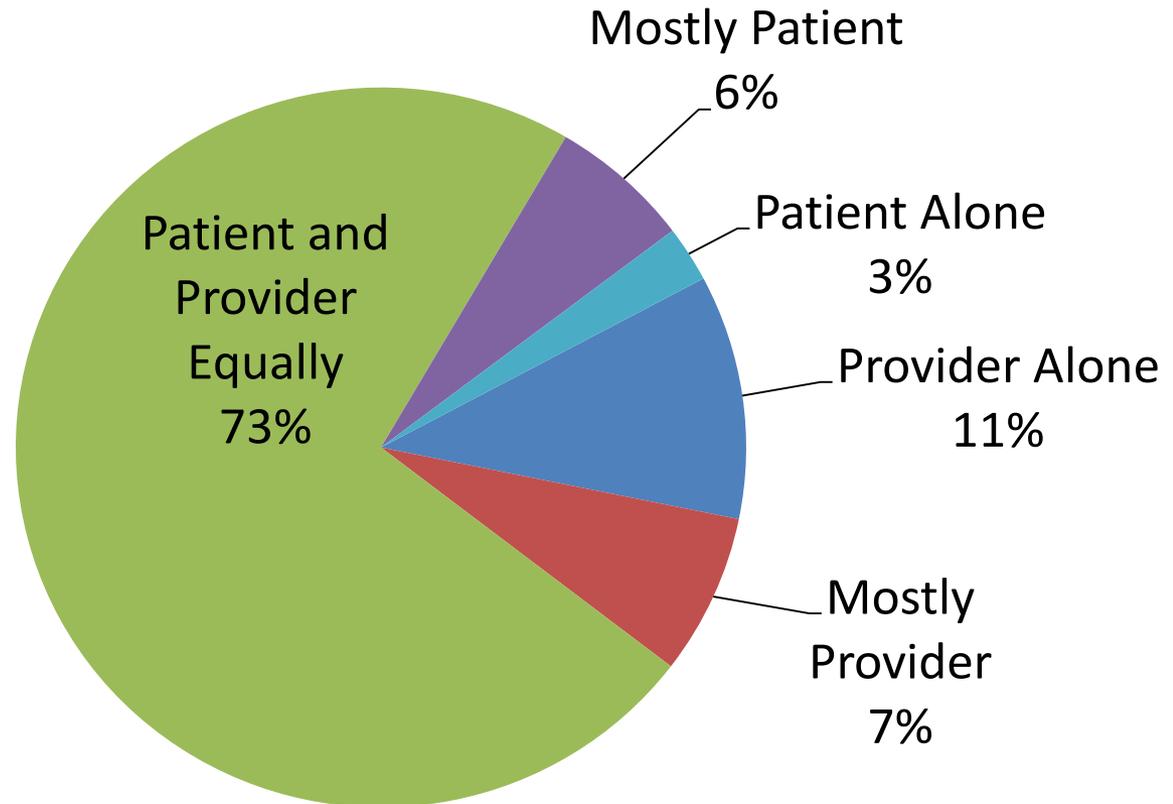
Results

- Since June 2011, **258** English- and Spanish-speaking pediatric, and adult patients with asthma have participated in **358** SDM half-day clinic visits

SDM Survey Responses:

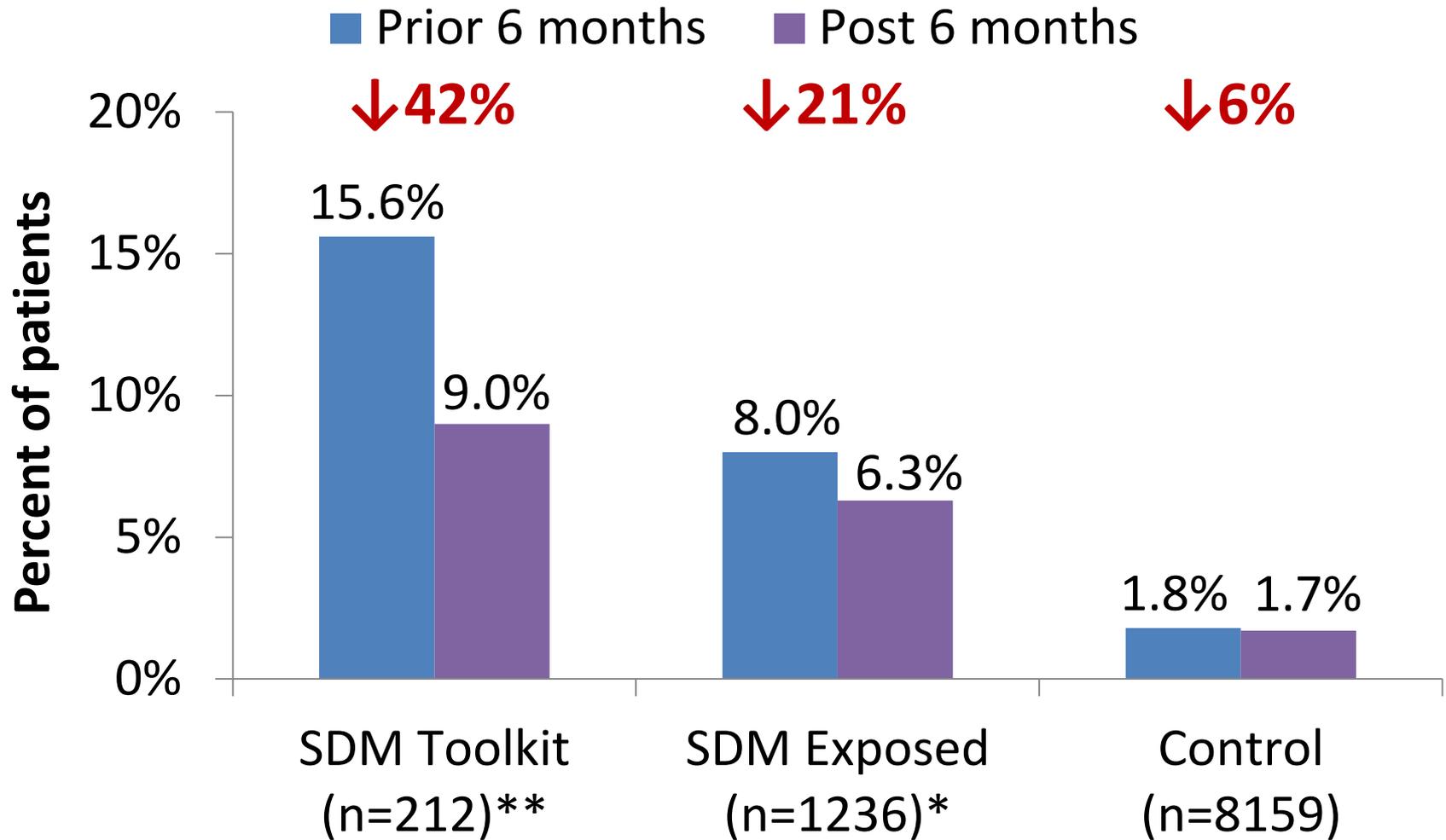
Who Made the Treatment Decision?

n = 319



Of the 319 patients surveyed, 86% reported the decision was shared between the patient and provider, with 73% stating it was shared equally

Change in Asthma ER Visits



*p<0.10; **p<0.05

ADAPT-NC

Asthma Dissemination Around Patient-centered Treatments in North Carolina



Comparing Traditional and Participatory Dissemination of a Shared Decision Making Intervention



ADAPT-NC

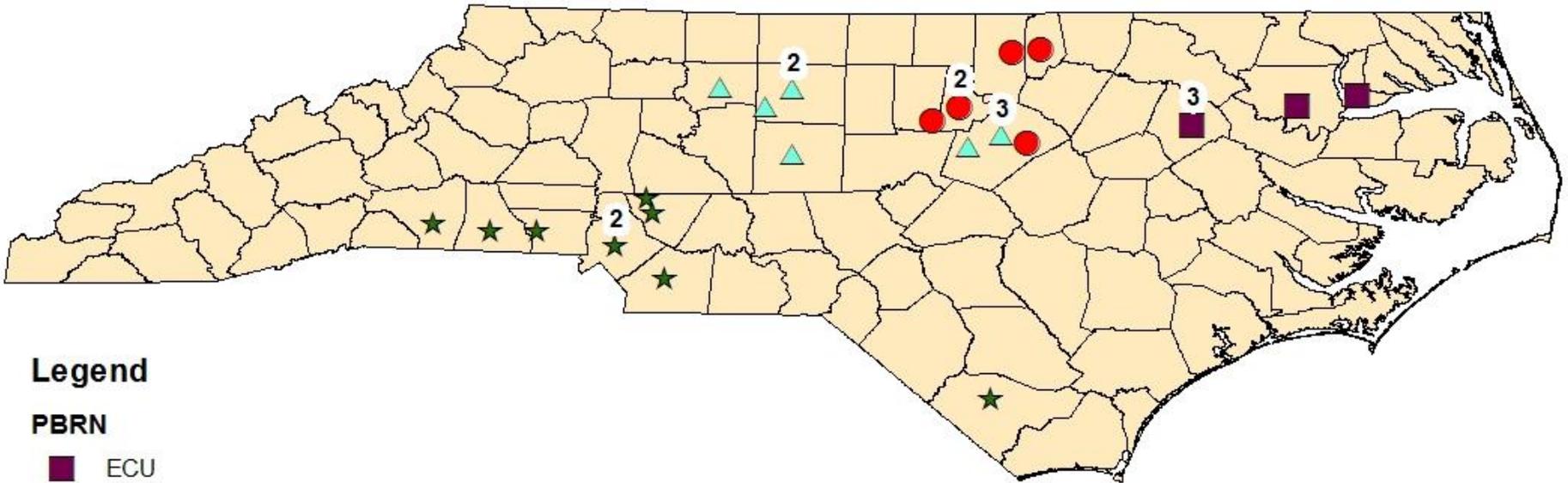
Asthma Dissemination Around Patient-centered Treatments in North Carolina



- 30 Practices Statewide
 - 10 FLOW (Facilitator Led Participant OWned)
 - A Practice Facilitator from the research team trains the practice in the intervention, adapting it to their clinic culture
 - 10 Traditional (Active Diffusion)
 - Lunch-and-learn once a year
 - 10 Control (Usual Care)
 - No involvement for the first 18 months then the opportunity for a lunch-and-learn



Practices Recruited for ADAPT-NC



Legend

PBRN

- ECU
- Duke
- ★ MAPPR
- ▲ UNC
- County Boundaries

ADAPT-NC
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