PHiiT/TNAAP Asthma Education and Practice Improvement Project

PROJECT SUMMARY

This educational and practice improvement project is designed for primary care providers. This project will present, incorporate and sustain the use of high-value, chronic-care management processes for asthma. These key processes include

- frequent chronic-care visits that mirror the trigger pattern for patients,
- appropriate use of inhaled corticosteroids in persistent asthmatics,
- updated asthma action plans,
- regular asthma control testing,
- annual spirometry and
- influenza prevention.

ASTHMA IMPACT

Approximately 140,000 children in Tennessee have asthma. Asthma is the third leading cause of hospitalizations among Tennessee children 1-17 years old. Each year, there are approximately 1,900 inpatient hospitalizations and 14,200 emergency department visits for asthma among children aged 1-17 years old. In 2012, the total hospital charges for asthma was $53.7 million. Asthma is the number one reason children miss school and adults miss work in most Tennessee counties.

PROJECT BACKGROUND

In 2007, the National Asthma Education and Prevention Program released the Expert Panel Report 3. This guideline was an effort to standardize best asthma practices. Nationally, provider incorporation of these recommendations has been slow. Morbidity from asthma and high emergency room utilization continue to be a problem. This project focuses on the core elements of the EPR3 and will assist each practice in implementing and sustaining improvements in practice to decrease the negative impact of asthma on patients' lives.

PROJECT STRUCTURE

This project is presented by the Pediatric Healthcare Improvement Initiative for Tennessee (PHiiT). This program is a state wide pediatric practice improvement partnership funded by the State of Tennessee and administered by the Tennessee Chapter of the American Academy of Pediatrics (TNAAP).

PHiiT offers **Quality Improvement services** for all Tennessee pediatric and family practice providers. For this project, practices will schedule a visit with the **PHiiT Quality Coach**. This visit will include a detailed presentation of the program, assessment of the practices improvement experience and assistance with the development of a QI Team.

Once in the project, the participating providers will watch a series of **web-based video presentations on asthma topics**. These include

- Asthma Identification and Diagnosis;
- Spirometry;
- Determination of Severity, Risk and Control;
- Establishing Family Partnership and
- Medication Use and the Action Plan.

CME credit is available for these videos.

PHiiT has developed a **web-based data collection system** called QI Teamspace. When a practice joins the project, the QI Team will enter baseline data on practice performance in regards to a short set of asthma-specific metrics. The QI Team and the other members of the practice will begin working on implementing the recommended process changes. The Plan, Do, Study, Act (PDSA) model is coached as the practice works on quarterly PDSA cycles. These cycles are submitted regularly to PHiiT to document the innovative work each practice is completing.

PHiiT provides **office visits** and **monthly support calls** to assist each practice in the challenging but important work of integrating high value chronic-asthma care into the unique environment of the individual practice.

The practice will enter quarterly follow up data to track the uptake and maintenance of practice changes. PHiiT provides **effective communication tools** for the practice to visualize performance, value the process improvement work and better serve patients.

The project will run for one year. At the end of one year, each practice will present the PDSA cycle topics that the QI Team has worked on, project data, project challenges and lessons learned to the other practices participating in a learning collaborative.

Part IV MOC will be awarded to providers completing project requirements.

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