

Asthma: Bronchodilator Overuse Review

(MOPS Accredited until August 2020)

Practice Benefits

The therapeutic aim of asthma treatment is to **achieve** and **maintain** control of symptoms and **minimise** risk of poor outcomes with the minimum effective preventer treatment.

- ❖ Asthma patients being prescribed more than 12 short-acting relievers in previous 12 months will be identified.
- ❖ These patients will be assessed in terms of other risk factors for poor outcomes. Eg low number of preventers prescribed, ED presentations, oral steroid courses, LABA only inhaler.
- ❖ Patients identified as having poor asthma control will be invited for review of inhaler use and compliance, and medication review with aim to improving asthma control.

Audit Plan

This audit aims to identify those patients who appear to be over ordering their bronchodilator inhalers and highlight them for review of their overall asthma management.

Indications

All patients with a diagnosis of asthma

- using inhaled SABA three times a week or more;
- symptomatic three times a week or more;
- or waking one night a week or more

are not well controlled. Twelve or more reliever inhalers is equivalent to 46 doses per week and patients being prescribed this number should have asthma treatment reviewed.

Criteria for a positive result

Patients identified as over ordering reliever inhalers are reviewed in terms of checking compliance, checking inhaler technique and stepping up or down treatment.

Audit standards

As poorly controlled asthma puts patients at risk of fatal or near-fatal asthma, at least 90% of patients identified should be reviewed for a positive audit outcome.

Data

Eligible people

All patients with a diagnosis of asthma who have been prescribed 12 or more short-acting reliever inhalers in the previous 12 months are eligible for this audit.

Identifying patients

The pharmacist team will run a query through the PMS to identify relevant patients. A further query will identify the number of preventer inhalers ordered and number of oral steroid courses prescribed.

Sample size

The number of eligible patients will vary according to your practice demographic. If you identify a large number of patients, take a random sample of 30 patients to be reviewed (or the first 30 patients identified).

Data analysis

Use the data sheet provided to record your data. Calculate your percentages by taking the number of people who are a “positive result” as per the audit criteria (ie patients having asthma review), divided by the total number of patients identified as over ordering reliever inhalers, multiplied by 100. For example 25 patients identified as over ordering reliever inhalers and 23 are then reviewed. Percentage is calculated as $23/25 \times 100 = 92\%$.

IDENTIFYING OPPORTUNITIES FOR AUDIT OF MEDICAL PRACTICE

Taking action

The first step to improving medical practice is to identify the criteria where gaps exist between expected and actual performance and then to decide how to change practice.

Decide on a set of priorities for change and develop an action plan to implement any changes.

It may be useful to consider the following points when developing a plan for action.

Problem solving process

- What is the problem or underlying problem(s)?
- Change it to an aim
- What are the solutions or options?
- What are the barriers?
- How can you overcome them?

Overcoming barriers

Identifying barriers can provide a basis for change

- What is achievable – find out what the external pressures on the practice are and discuss ways of dealing with them in the practice setting
- Identify the barriers
- Develop a priority list
- Choose one or two achievable goals

Effective interventions

- No single strategy or intervention is more effective than another, and sometimes a variety of methods are needed to bring about lasting change
- Interventions should be directed at existing barriers or problems, knowledge, skills and attitudes, as well as performance and behaviour

REVIEW

Monitoring change and progress

It is important to review the action plan against the timeline at regular intervals. It may be helpful to consider the following questions:

- Is the process working?
- Are the goals for improvement being achieved?
- Are the goals still appropriate?
- Do you need to develop new tools to achieve the goals you have set?

Following the completion of the first cycle, it is recommended that the doctor completes the first part of the Audit of Medical Practice activity summary sheet.

Undertaking a second cycle

In addition to regular reviews of progress, a second audit cycle should be completed in order to quantify progress on closing the gaps in performance.

It is recommended that the second cycle be completed within 12 months of completing the first cycle. The second cycle should begin at the data collection stage. Following the completion of the second cycle it is recommended that doctors complete the remainder of the Audit of Medical Practice activity summary sheet.

Claiming MOPS credits

This audit has been endorsed by the RNZCGP as an Audit of Medical Practice Activity for allocation of MOPS credits. General practitioners taking part in this audit can claim credits in accordance with the current MOPS programme. This status will remain in place until August 2020.

To claim points for MOPS or CPD online please enter your credits on your web records. Go to the RNZCGP website www.rnzcgp.org.nz and claim your points on 'MOPS online' for vocationally registered doctors, or 'CPD online' for general registrants. Alternatively MOPS participants can indicate completion of the audit on the annual credit summary sheet which is available from the College on request.

As the RNZCGP frequently audit claims you should retain the following documentation, in order to provide adequate evidence of participation in this audit:

1. A summary of the data collected
2. An Audit of Medical Practice (CQI) Activity summary sheet

DATA SHEET – cycle 1: Bronchodilator overuse review

Patient	No. of short acting bronchodilator inhalers in last 12 months	No. of ICS inhalers in last 12 months	No. of ED or after hours visits in last 12 months	Oral steroid courses in last 12 months	Patient has up-to-date action plan (yes/no)	LABA only inhaler (yes/no)	Reviewed (yes/no)
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		Total reviewed					
		Percentage reviewed					

DATA SHEET – cycle 2: Bronchodilator overuse review

Patient	No. of short acting bronchodilator inhalers in last 12 months	No. of ICS inhalers in last 12 months	No. of ED or after hours visits in last 12 months	Oral steroid courses in last 12 months	Patient has up-to-date action plan (yes/no)	LABA only inhaler (yes/no)	Reviewed (yes/no)
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