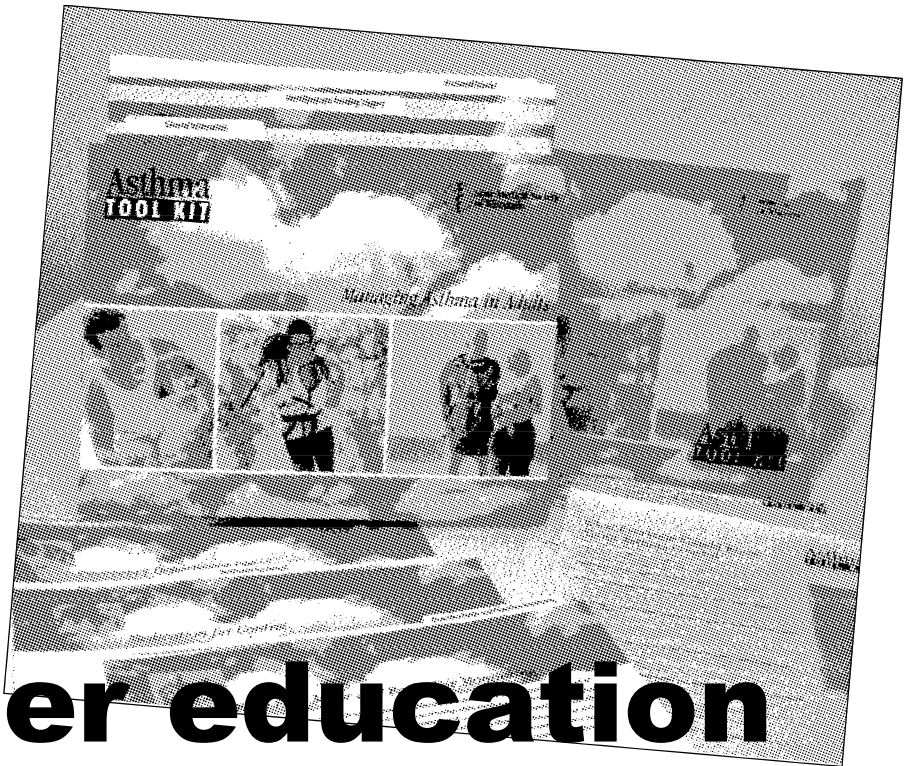


SMS Medical
Outcomes
Research
Project
Asthma
Outcomes
Study



Provider education the next step

*John Twiggs, MD; Cindy P. Helstad, PhD, RN; Debbie Rickelman, RHIT; Mary Bowers;
and the SMS Adult Asthma Toolkit Subcommittee*

Introduction

“We can improve outcomes of care through feedback of process and outcome measures to physicians and educational efforts aimed at providers and patients.” This was the objective of the Adult Asthma Study Group in the summer of 1996. Over the ensuing 3 years the group developed an outcomes survey, defined and surveyed a population of adults diagnosed with

asthma, and reported the survey results back to the providers who cared for those patients.

Detailed descriptions of the SMS Asthma Outcomes Study were reported previously by Berry et al (*Wis Med J*. 98:98;3:34-38). In brief, 857 Wisconsin adults, ages 14-50, with the diagnosis of asthma were surveyed in 1997 and 1998 about 8 key indicators of optimal asthma management (Figure 1). While demonstrating that the study could be done in a wide variety of primary care settings, the findings showed that many patients are not fully benefiting from current expert opinion pertaining to the care of patients with asthma.

In the fall of 1999 using hard

data to inform their efforts, a subcommittee of the Adult Asthma Study Group (Bruce Berry, MD, Don Bukstein, MD, and John Twiggs, MD) turned their attention to the second half of the original objective: developing educational resources aimed at providers and patients. The Asthma Toolkit—a collection of educational aids that could facilitate provider interactions with patients with asthma—became the focus. Additionally, the subcommittee developed an educational program to introduce the toolkit to providers. This paper describes the Asthma Toolkit contents and the educational program that introduces the toolkit to providers caring for patients with asthma.

Doctor Twiggs, formerly Chairman of the Department of Allergy, Marshfield Clinic, is retired. Dr. Helstad is Director of the Center for Medical Practice Research and Education at the State Medical Society of Wisconsin (SMS). Ms. Rickelman is Study Coordinator at the SMS and Ms. Bowers is a former SMS Study Coordinator.

Asthma Toolkit

The Asthma Toolkit was developed in a number of stages. Initially, we chose the content areas based on our earlier survey work that identified areas where usual care was less than optimal according to the National Asthma Education Program, *Practical Guide for the Diagnosis and Management of Asthma*,

paper, the study group wanted to include only a few of the best resources in each section. Potential toolkit materials came from a variety of sources including Wisconsin health organizations, health plans, and subcommittee members who shared materials used in their medical practices.

Both the subcommittee mem-

- Written Plan
- Nocturnal Attacks
- Emergency Department Use
- Outcome Measurement Tools
- Resource Information

Each section includes a general statement about the importance of that asthma management topic, specific resource materials including guidelines and aids for providers, and patient handouts that are in an easily reproducible format so they can be copied for patients. For instance, the "Written Plan" section contains several different written plan examples including a wallet-size card for patients. The toolkit was produced in a file folder format enabling clinicians to include other personal favorite materials within the folder. The content has been updated twice since it was originally published, reflecting how rapidly knowledge is changing. Asthma Toolkits are available from the SMS at a cost of \$29.95 for SMS members and \$149.95 for non-members.

"Initial reaction to this educational program has been enthusiastic and evaluation of the Asthma Toolkit's usefulness is underway."

based on the *Expert Report 2: Guidelines for the Diagnosis and Management of Asthma*, National Institute of Health, National Heart, Lung and Blood Institute, NIH publication No. 97-4053, October 1997. Seven of the 8 key asthma management indicators showed a great deal of variability in our Asthma Outcome Study results. Because many guidelines are expert opinion-based, we undertook a review of literature looking for strong evidence supporting care that was consistent with improving the proportion of patients receiving optimal management according to the key process indicators. For example, we searched for scientific evidence supporting the use of inhaled corticosteroids in the optimal management of patients with asthma. Based on the literature review, the study group included toolkit content after establishing a theoretical or evidence base supporting each indicator. Also, recognizing the limited time primary care providers have to deal with an overwhelming amount of information and

bers and the SMS Medical Outcomes Research Project (MORP) staff helped develop the toolkit content, which was then reviewed and edited by the subcommittee members. Nominations for physician peer reviewers were sought by subcommittee members, the Community Coalition for Health Care Quality (CCHQ) and via the SMS *Medigram*. Fifteen physicians from around the state reviewed the toolkit. The subcommittee reviewed their comments and made appropriate changes before the toolkit was produced. The SMS Marketing and Communications Department staff assisted MORP staff with developing the toolkit format and packaging.

Asthma Toolkit Format

Each Asthma Toolkit comes in a plastic file folder containing 9 sections, which include:

- General Information
- Identifying and Avoiding Triggers
- Peak Flow Meter and Peak Flow Monitoring
- Medication for Control

Asthma Toolkit Educational Program

Following the final production of the Asthma Toolkit in the fall of 2000, John Twiggs, MD, and the MORP staff developed a 45-60 minute educational program that deals with the process of caring for patients with asthma. The program begins with an illustrative case study followed by a description of how providers can best care for patients with asthma using the toolkit to help with that process. The program introduces the Asthma Toolkit to providers throughout Wisconsin and is presented in either a problem-based format with smaller audiences or in a more didactic format for larger audiences.

Figure 1. Eight key indicators of optimal asthma management

- Use of steroid and anti-inflammatory medications
- Use of quick acting relief inhalers*
- Peak flow meter use
- Knowledge of asthma triggers
- Nocturnal attacks
- Having enough information about handling severe flare-ups
- Having a written plan, and
- Emergency room visits

*There was little variability in this indicator and use was greater than 90% at all sites.

Physicians attending the educational program receive an Asthma Toolkit and up to 1.5 hours in Category 1 credit towards the AMA Physician's Recognition Award.

The points stressed in the presentation include:

1. Establishing goals of therapy and discussing these with patient
2. Education of patient concerning multiple aspects of asthma
3. Determination of the level of asthma severity
4. Treatment according to that level of severity
5. Providing patient with written treatment plan
6. Objective monitoring of the patient in the office and at home with peak flow meter and/or spirometry
7. Follow-up with specific questions about the patient's actual outcomes.

To date we have distributed 234 toolkits at 13 sessions attended by 201 individuals. Seventy percent (n=140) of the attendees were physicians, and 122 physicians completed evaluation forms. Sites used a variety of survey forms to evaluate the program. The SMS form asked

evaluators to rate the program overall. Among the 32 physicians using this form, 50% responded excellent, 38% responded very good, 6% responded good, and 6% did not respond to the question.

Summary

Since the initial meeting of the Asthma Study Group in the summer of 1996, the group worked with MORP staff to develop an outcomes instrument, define a study population, survey more than 800 adults with the diagnosis of asthma, and report the survey results back to the providers involved with those patients. After reviewing the survey results, the group developed an Asthma Toolkit aimed at providing reference materials for physicians and their staff and also useable materials for their patients with asthma. The Asthma Toolkit was produced through the efforts of the study group, the SMS MORP staff and the SMS Marketing and Communications Department. We developed an education program to disseminate the toolkit and improve the care of the patient with asthma. Initial reaction to this educational program has been enthusiastic, and evaluation of the Asthma Toolkit's usefulness is underway.

Acknowledgments

Members of the Adult Asthma Study Toolkit Subcommittee, Medical Outcomes Research Project (MORP), State Medical Society of Wisconsin (SMS) include Bruce Berry, MD, Aurora HealthCare, Milwaukee; Don Bukstein, MD, Dean Medical Center, Madison; John Twiggs, MD, Marshfield. We are grateful to Susan M.

Wiegmann, PhD, for helpful comments on the manuscript and to Mark Huftel, MD, for editorial assistance in developing the toolkit contents.

The SMS Foundation contributed significant financial support in addition to securing outside donations to support the Medical Outcomes Research Project.

GlaxoSmithKline, Merck & Company, Inc., and Novartis Pharmaceuticals provided targeted unrestricted educational grants to support the SMS Adult Asthma Toolkit development and dissemination. The Henry A. and Irene S. Anderson Endowment, Physicians Insurance Company (PIC) of Wisconsin, individual physicians and county medical societies also supported this work. Additional donors who provided general support to the Medical Outcomes Research Project are noted on pages 22-23.

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