We evaluated a simple intervention to increase written asthma action plan (WAAP) possession by patients with asthma. The intervention was health care professionals (HCPs) providing WAAPs and basic teaching to patients with asthma. Over 90 HCPs attended brief training and over 20 recruit patients and providing the intervention. Patients’ rate of possession of a physician-approved WAAP and asthma control were assessed at baseline and 6 months.

Results: The intervention resulted in an association between the provision of a WAAP template by a health care professional and rate of physician approved WAAP possession 6 months later. The mean score for the Asthma Control Questionnaire increased significantly.

Important Findings:
* Physician approved WAAP possession rate increased from 10% at baseline to 63.8% six months later
* Asthma Control Questionnaire scores improved from a mean baseline score of 1.27 to 0.87 six months later. A score of >1.0 indicates sub-optimal asthma control
* Health care professionals that were successful at providing the intervention had support of their physician colleagues and a method of identifying asthma patients in their practice

Interviews Identify Facilitators and Barriers to Implementation

Seventeen HCPs were asked about their experiences with implementing the WAAP. HCPs were overwhelmingly positive about the WAAP and stated it was a valuable tool for educating patients and demonstrating the criteria for asthma control. They felt qualified to complete the WAAP and expressed confidence in completing the yellow zone of the plan, as many had direct access to the family physicians to discuss the plan. HCPs that were successful at implementing the intervention had physician colleagues that were supportive of asthma education. Several barriers to implementation were discovered. Most notably, asthma was not a high priority for chronic disease management, therefore for some, patient recruitment was difficult. HCPs did not receive referrals for asthma patients, and identifying patients with asthma was challenging. Additionally, time was a barrier to implementation, as HCPs identified it was challenging to find time to provide education to patients.
The Intervention

Completing the WAAP involved:
(a) reviewing the individual goals of the participant for asthma management,
(b) identifying triggers and trigger avoidance strategies,
(c) highlighting asthma control,
(d) discussing asthma medication and their use, and medication dosage changes, if appropriate.
(e) providing asthma inhalation device sheet.
(f) reviewing inhaler technique to ensure optimal delivery. (followed by return demonstration, highlighting changes).

If the participant had not received verbal/written instruction from their family physician regarding dosage adjustments, then the HCP was to write the medication names in the ‘yellow zone’ and leave the dosages blank, unless they had direct access to the family physician to verify dosages at the time of appointment. The patient was instructed to have the WAAP reviewed and signed by the family physician.

Implications for Practice

A simple intervention for patients with asthma can improve patient outcomes. The study demonstrated that providing HCPs with the tools and resources to educate patients was feasible. It also revealed that the intervention of providing the WAAP with minimal education was an effective strategy at ensuring the patients received the tool. Often, WAAPs are provided as a part of a formal and complex intervention. Therefore, it is difficult to untangle this one intervention from the large matrix of strategies that were used, making it challenging to determine which components of the intervention were truly beneficial. The simplistic nature of this intervention demonstrates that providing a more basic level of intervention may in fact be beneficial to patients. This is helpful where the intensive options may not be feasible. This should be supplemented by more comprehensive education provided by certified respiratory education where possible.

Supporting Respiratory in Primary Care

- We would like to highlight your primary care practices that improving asthma and COPD outcomes. Tell us what is working.
- The COPD action plan, developed in collaboration with the Canadian Thoracic Society is being launched this month. For more information, please email Heather hsharpe@ualberta.ca.
- Alberta Breathes would like to hear about your team’s and your patient’s asthma and COPD needs. For more information regarding this project please contact Shawna McGhan at the Alberta Asthma Centre.

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