Improving Patient Understanding of Asthma Medications for Ambulatory Pediatrics

Erica Li, BA; Justine Ryu, BA; Emma Trucks, MPH; Lara Zisblatt, MA, Jose Alberto Betances, MD; and James Moses, MD, MPH

BACKGROUND

• Patients with asthma frequently do not adhere to their medication regimens because of incomplete understanding of how their medications work
• Currently no standardized process of education with pediatric asthma patients
• Baseline assessment has shown subpar patient knowledge of medication regimens
• Improving patient understanding of medications would be a logical first step to increasing medication adherence and control of asthma

AIM

• Increase the percentage of patients with persistent asthma seen in the ambulatory clinic who can correctly identify their asthma medications and treatment regimen to 80% by November 2013
• Increase to 75% the percentage of patients with persistent asthma who have filled their controller medication prescription within the past 6 months

METHODS

• Used “Plan-Do-Study-Act” cycles based on the Model for Improvement to test and implement changes to the system
• Developed and implemented a novel visual asthma education and assessment tool
• Physicians used the tool by asking patients to identify their specific medications, dosage, frequency, and timing
• Weekly data from March 2013 to September 2013 were plotted in a statistical process control chart
• As motivation for participation, providers were able to use this QI initiative to meet Part IV requirements for American Board of Pediatrics Maintenance of Certification

RESULTS

• Provider tool use increased from 38.4% to 80.2% in seven months
• Pre-Intervention: 65% of patients being assessed for the first time using the tool, correctly identified their medication regimens
• Post-Intervention: 88.6% of repeat patients identified their medication regimens
• Percentage of patients who filled an active controller medication prescription within the last six months increased from 41.8% to 77.8% (not shown)

CONCLUSIONS

• An asthma education tool can be implemented in an ambulatory clinic to standardize the education of patients with asthma
• Use of the tool can increase patient understanding of asthma medications and increase the percentage of filled controller prescriptions
• Pro-active involvement of the entire clinical team is essential for sustaining similar efforts

NEXT STEPS

• Sustain improvements by continuing use of the asthma tool
• Increase the number of patients who have refilled controller prescriptions
• Increase the number of patients who receive spirometry testing

ACKNOWLEDGEMENTS: Participating attendees, nurses, and practice assistants. This activity was supported by an educational grant from GlaxoSmithKline.