



March 25, 2010

Memorandum

To: Family Physicians, General Internists, Pediatricians, Pulmonologists, Adult Primary Care Nurse Clinicians

From: GUIDES (Guideline Utilization Implementation Development and Evaluation Studies)  
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Subject: **UMHS Clinical Care Guideline Update: Asthma**

**What's New!**



- Reconceptualization of asthma care into levels of initial severity, levels of follow-up control, and stepwise treatment addressing patients age 0–4 years, 5–11 years, and  $\geq 12$  years.
- One-page overview of care with more specific guidance for diagnosis of asthma and follow up
- Tables to guide classification of initial severity and of follow-up control, along with specific treatment steps up and down
- Updated tables of drugs commonly used for asthma with dose ranges and current costs
- Updated Asthma Action Plans (AAP) by age category. New preformatted AAPs are now available within CareWeb where they can be customized for each patient and an electronic image of the AAP stored when a copy is printed for the patient. To access, go to the Problem Summary List (PSL) section on Health Maintenance/Chronic Care Management and select Asthma Action Plan. For detailed instructions go to the UMMS Clinical Guidelines page (through the Clinical Home Page), click on Asthma, then under patient education materials click on "[Step-by-Step Directions for Creating an AAP in CareWeb.](#)"

**Key aspects.** Key aspects of care include:



- Patient self-management is critical to successful treatment. Patient education with verified understanding should emphasize how to identify and avoid environmental triggers of asthma, smoking cessation (or exposure to smoke), exactly how and when to use medications, and when to call for or go for emergency help. Structured asthma education programs should be considered.
- Objective evaluation of airflow obstruction is key to the diagnosis, classification, and management of the disease. Goals of treatment should include not only symptomatic relief, but normalization of lung function.
- Therapy should focus on long-term suppressive therapy in persistent asthma. Evaluating level of control is emphasized. Anti-inflammatory agents (in particular inhaled corticosteroids) are the cornerstones of therapy for moderately and severely affected patients. Inhaled short acting  $\beta_2$ -agonists (SABAs) are for rescue, mild intermittent asthma, and exercise induced asthma. Long acting beta2-agonists (LABAs) should not be used without inhaled corticosteroids.

**Patient education material (right-click, select "Open Hyperlink")**

- [Asthma Action Plan: Pts 0-4](#)
- [Asthma Action Plan: Pts 5-11](#)
- [Asthma Action Plan: Pts 12 & Older](#)
- [Learning About Asthma \(30 pages\)](#)
- [Controlling Your Asthma \(brief\)](#)
- [How to use your MDI](#)
- [Instructions for various MDI delivery devices \(16 pages, Chest\)](#)
- [How to use your Peak Flow Meter & Record Chart](#)

**HEDIS indicators. Managed care purchasers evaluate UMHS performance using the following HEDIS measure:**

The percentage of patients 5–50 years of age during the measurement year who were identified as having persistent asthma and were appropriately prescribed medication during the measurement year.