



Asthma Action Plan Rates: Barriers for Pediatricians and Ideas for Improvement

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BACKGROUND

Asthma Action Plans (AAP) are recommended for asthma patients to improve control and decrease symptoms and limits from asthma.

AAP flows had been developed for the general pediatric clinics in our large academic medical system however AAP completion rates to patients were steadily declining.

The purpose of this study was to understand general outpatient pediatricians' perceptions of barriers to and ideas for improvement for AAP completion.

METHODS

Mixed Method Study: Qualitative interviews were conducted to inform the development of a survey to assess barriers to and suggestions for AAP completion.

Qualitative interviews:

Qualitative interviews were conducted with one pediatrician from each general pediatric clinic site.

Interview transcripts were analyzed to identify common themes.

Online Survey:

Themes informed the development of an online survey.

The survey addressed frequency of provider barrier experiences and views to improve AAP completion rate using a 5-point Likert scale. Open response sections were also included. The survey was pilot tested and then sent to all the general pediatricians.

Descriptive statistics were used to assess frequency of experiences with specific barriers and support for specific ideas regarding AAP completion rate.

Consistent staff involvement and improvement of electronic flows in pediatric clinics may increase Asthma Action Plan delivery and improve asthma control for patients.

RESULTS

Qualitative interviews: There were 7 participants who completed qualitative interviews (1 per site). Key themes identified from the interviews were staff involvement, well visit rate, printer location, provider time, and electronic medical record (EMR). One pediatrician noted that creating the AAP in the EMR "needs extra steps- sometimes I forget the extra step".

Survey: Response rate was 58.5% (24/41). Responses were received from all sites.

Most Common Barriers to AAP completion (% barrier frequency sometimes or more):

Staff not having time for asthma outreach (95.7%)

Families not coming for well visits (87.0%);

Printer not in or near the exam room (82.6%)

Provider not having time to address asthma and develop AAP during a well visit (73.9%)

Electronic Medical Record (EMR) inefficiencies (61%)

Most Common Ideas Identified as Helpful for AAP completion (% sometimes or more):

Having staff consistently give Asthma Control Test at start of well visit (95.7%)

Designated staff outreach time (94.5%)

Staff support to identify AAP due ahead of well visit (91.3%)

CONCLUSIONS

Findings underscore the importance of a team approach to AAP completion as well as streamlined technology including printer access and efficiency flows with the EMR.

Recommendations to increase AAP to patients:

- 1) Development /education of AAP team flows that include staff and providers
- 2) Implementation of consistent visit flows and outreach
- 3) Collaboration with IT to improve printer access and EMR efficiencies.

ADDITIONAL KEY INFORMATION

This study was funded through a University of Wisconsin-Madison Department of Pediatrics Research and Development Grant.

This study was possible due to provider collaboration within the general pediatric and adolescent division.

We appreciate the administration support of Christine Richards, University of Wisconsin-Madison Pediatric Department.

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