



<b>SUMMARY OF CLINICAL GUIDELINE</b>	
<b>Disease or Condition</b>	Asthma Diagnosis and Management
<b>Guideline Title:</b>	Title: Expert Panel Report 3 (EPR-3): Guidelines for the Diagnosis and Management of Asthma - Summary Report 2007
<b>Guideline Source:</b>	National Heart Lung Blood Institute (NHLBI)
<b>Guideline Link</b>	<a href="https://www.nhlbi.nih.gov/health-pro/guidelines/current/asthma-guidelines">https://www.nhlbi.nih.gov/health-pro/guidelines/current/asthma-guidelines</a>  <b>Asthma Care Quick Reference Guide (2012 Modification)</b> <a href="https://www.nhlbi.nih.gov/files/docs/guidelines/asthma_qrg.pdf">https://www.nhlbi.nih.gov/files/docs/guidelines/asthma_qrg.pdf</a>
<b>Guideline Original Date</b>	1997 (EPR-2) 2004 (EPR-2 Update)
<b>Guideline Most Recent Revision Date</b>	2007 (EPR-3) 2012 (Quick Reference Guide)
<b>CHC Review Dates</b>	<p>Guidelines and Components in Summary above were reviewed and approved July 2017 by the Asthma Workgroup. Recommendations for adoption referred to the Board of Managers for approval on July 28, 2017.</p> <p>Guideline Approval/Update/Revision Meetings:</p> <ul style="list-style-type: none"> <li>• Approved: July 28, 2019</li> <li>• Will be reviewed with updates or at least every two years.</li> </ul>
<b>Guideline Summary</b>	<p><b>Diagnosis of Asthma</b></p> <p><b>Managing Asthma Long Term</b></p> <p>Four Components of Asthma Care</p> <ol style="list-style-type: none"> <li>1) Assessing and Monitoring Asthma Severity and Asthma Control</li> <li>2) Education for a Partnership in Care</li> <li>3) Control of Environmental Factors and Comorbid Conditions That Affect Asthma (Allergens and Irritants, Comorbid Conditions)</li> <li>4) Medications</li> </ol> <p><b>Stepwise Approach for Managing Asthma</b></p> <p>Principles of the Stepwise Approach</p> <p>Stepwise Treatment Recommendations for Different Ages</p> <p>Managing Special Situations</p> <ol style="list-style-type: none"> <li>1) Exercise-Induced Bronchospasm</li> <li>2) Pregnancy</li> <li>3) Surgery</li> <li>4) Disparities</li> </ol> <p><b>Managing Exacerbations</b></p> <p>Classifying Severity</p> <p>Home Management</p> <p>Management in the Urgent or Emergency Care and Hospital Settings</p>



# Clinical Guideline\* | Asthma

<p><b>Implementation Components</b> Identify component(s) of the guideline CHC should adopt.</p>	<p><b>Key Components/Messages:</b></p> <ol style="list-style-type: none"> <li><b>1) Use Inhaled Corticosteroids</b> <ol style="list-style-type: none"> <li>a. Inhaled corticosteroids are the most effective medications for long-term management of persistent asthma, and should be utilized by patients and clinicians as recommended in the guidelines for control of asthma.</li> </ol> </li> <li><b>2) Use Asthma Action Plans</b> <ol style="list-style-type: none"> <li>a. All people who have asthma should receive an asthma action plan to guide their self-management efforts.</li> </ol> </li> <li><b>3) Assess Asthma Severity</b> <ol style="list-style-type: none"> <li>a. All patients should have an initial severity assessment based on measures of current impairment and future risk in order to determine type and level of initial therapy needed.</li> </ol> </li> <li><b>4) Asthma Control</b> <ol style="list-style-type: none"> <li>a. At planned follow-up visits, asthma patients should review level of control with their health care provider based on multiple measures of current impairment and future risk in order to guide clinician decisions to either maintain or adjust therapy.</li> </ol> </li> <li><b>5) Schedule Follow Up Visits</b> <ol style="list-style-type: none"> <li>a. Patients who have asthma should be scheduled for planned follow-up visits at periodic intervals in order to assess their asthma control and modify treatment if needed.</li> </ol> </li> <li><b>6) Control Environmental Exposures</b> <ol style="list-style-type: none"> <li>a. Clinicians should review each patient’s exposure to allergens and irritants and provide a multipronged strategy to reduce exposure to those allergens and irritants to which a patient is sensitive and exposed, i.e., that make the patient’s asthma worse.</li> </ol> </li> </ol> <p>Source: Guidelines Implementation Panel Report for: Expert Panel Report 3— Guidelines for the Diagnosis and Management of Asthma</p>
<p><b>Recommendations/ Other Considerations</b></p>	<p>N/A</p>
<p><b>CHC Adoption and Implementation Resources:</b>  List of existing and suggested guideline adoption resources for CHC members.</p>	<p><b>Asthma Care and Clinical Guideline Resources for CHC Members:</b></p> <p><u>NHLBI Guidelines and Supplemental documents are available through the:</u></p> <ul style="list-style-type: none"> <li>○ CHC Website and CHC App</li> <li>○ EPIC Clinical Links page</li> </ul> <p><u>Asthma Action Plan is available:</u></p> <ul style="list-style-type: none"> <li>○ A cross encounter Asthma Action Plan is available to be composed in Epic Hyperspace.</li> <li>○ <a href="https://www.nhlbi.nih.gov/files/docs/public/lung/asthma_actplan.pdf">https://www.nhlbi.nih.gov/files/docs/public/lung/asthma_actplan.pdf</a>.</li> <li>○ On the CHC website and in the ShareFile/Guidelines folder.</li> </ul>



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	<p>The Palos Heart &amp; Lung Wellness Clinic can assist you/your patients with any of the following:</p> <ul style="list-style-type: none"> <li>○ Completion of an asthma action plan including assistance with home wellness management/follow-ups if needed.</li> <li>○ Initiating, stepping –up or down medications, demonstrating use</li> <li>○ Disease specific patient education including environmental triggers (Clinic includes a Certified Asthma Educator).</li> <li>○ Medication adherence education and resources.</li> <li>○ Physical assessment with After Visit Summaries.</li> <li>○ Linkage to community based resources for helping eliminate barriers to ICS medication use, follow-up etc..</li> </ul>
<p><b>Other Supplemental Documents</b></p> <p>Misc. other available supplemental documents to support guideline adoption and education</p>	<p><b>Asthma Care Quick Reference Guide (2012 Modification)</b>  <a href="https://www.nhlbi.nih.gov/files/docs/guidelines/asthma_qrg.pdf">https://www.nhlbi.nih.gov/files/docs/guidelines/asthma_qrg.pdf</a></p> <p><b>Physician Asthma Care Education (PACE)*</b>          The PACE program is a FREE two-part interactive, multi-media educational seminar to improve physician awareness, ability, and use of communication and therapeutic techniques for reducing the effects of asthma on children and their families. It also provides instruction on how to document, code, and improve asthma counseling reimbursement. PACE has been found in two rigorous studies to be highly effective. Patients of participating physicians had fewer days affected by asthma symptoms and fewer emergency room visits.</p> <ul style="list-style-type: none"> <li>• <a href="https://www.nhlbi.nih.gov/health-pro/resources/lung/physician-asthma-care-education/index.htm">https://www.nhlbi.nih.gov/health-pro/resources/lung/physician-asthma-care-education/index.htm</a></li> </ul> <p><i>*The PACE program was created by physicians and public health professionals at the University of Michigan Center for Managing Chronic Disease and their colleagues at Columbia University. Support for the PACE efficacy trial was provided by the Lung Division of the National Heart Lung and Blood Institute.</i></p>
<p><b>Quality Measures and Associated Programs</b></p> <p>List of current CHC and ACO asthma quality measures</p>	<p><b>Medication Management for People with Asthma</b></p> <ul style="list-style-type: none"> <li>• ACO Quality Measure: BCBSIL PPO ACO</li> <li>• Associated Program: AHRQ/HEDIS Measure</li> </ul> <p>The percentage of members, five to 85 years old during the measurement year, who were identified as having persistent asthma and who were dispensed appropriate medications they remained on during the treatment period.</p>
<p><b>Strategies to Improve Performance</b></p>	<p>To improve scores on this measure:</p> <ul style="list-style-type: none"> <li>• Follow standard of care guidelines (NHLBI). Ensure proper documentation in the medical record.</li> <li>• Use correct diagnosis and procedure codes, avoid coding asthma if not formally diagnosing asthma and only asthma-like symptoms were present (e.g. wheezing during viral URI and acute bronchitis is not “asthma”). Submit claims and encounter data correctly and in a timely manner.</li> <li>• Educate patients on the use of asthma medications. Use e-prescribing when available.</li> <li>• Proactively improve scores for this measure by reaching out to patients with reminders to refill controller medications.</li> </ul>

	<ul style="list-style-type: none"> <li>• Check Care Gaps report to review your patients with Asthma and their reported compliance with recommendations.</li> </ul>
<b>Coding and Documentation Tips</b>	Medication Management for People with Asthma measure is based on pharmacy claims and looks at whether or not members with persistent asthma were prescribed controller medication at $\geq 75\%$ of the treatment period.
<b>HCC Coding and Documentation Tips</b>	n/a
<b>CHC Asthma Guideline Workgroup</b>	<p>2017 Participants:</p> <ol style="list-style-type: none"> <li>1. Dr. C. Adams</li> <li>2. Dr. T. Moisan</li> <li>3. Dr. E. Sankary</li> <li>5. A. Molsen</li> <li>6. K. Kraker (Staff Lead)</li> <li>7. M. Zeglen</li> </ol>
<b>Misc. References</b>	<p><b>Global Strategy for Asthma Management and Prevention:</b></p> <ul style="list-style-type: none"> <li>• <b>Asthma At-A-Glance</b> <a href="file:///C:/Users/141653/Downloads/wms-GINA-at-a-Glance_2017.pdf">file:///C:/Users/141653/Downloads/wms-GINA-at-a-Glance_2017.pdf</a></li> <li>• <b>Diagnosis and Initial Treatment of Asthma, COPD and COPD – COPD Overlap</b> <a href="file:///C:/Users/141653/Downloads/wms-2017-ACO.pdf">file:///C:/Users/141653/Downloads/wms-2017-ACO.pdf</a></li> <li>• <b>2017 GINA Report Pocket Guide</b> <a href="file:///C:/Users/141653/Downloads/wmsGINA-2017-main-report-final_V2.pdf">file:///C:/Users/141653/Downloads/wmsGINA-2017-main-report-final_V2.pdf</a></li> </ul> <p><b>NHLBI Guidelines Implementation Panel Report:</b> Partners Putting Guidelines into Action <a href="https://www.nhlbi.nih.gov/files/docs/guidelines/gip_rpt.pdf">https://www.nhlbi.nih.gov/files/docs/guidelines/gip_rpt.pdf</a></p>

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*\*These guidelines are provided only as “guides” or assistance for physicians making clinical decisions regarding the care of their patients and may not apply to all patients and all clinical situations. Thus, they are not intended to override clinicians’ judgment. As such, they cannot substitute the individual judgment brought to each clinical situation by the patient’s physician. As with all clinical reference resources, they reflect the best understanding of the science of medicine at the time of publication, but they should be used with the clear understanding that continued research may result in new knowledge and recommendations.*