

Title of Project: Examination of Asthma IQ to Improve Patient Outcomes in a Primary Care Setting

Dates of Project: October 2010 – December 2013

Sponsor: American Academy of Family Physicians National Research Network

Thank you for your interest in Asthma IQ (AIQ), this brief overview is intended to provide the basics of the study design and your role in the study.

Purpose:

This study will examine whether the use of the ASTHMA IQ primary care tool will improve asthma care and asthma outcomes using a randomized trial of the ASTHMA IQ system versus usual asthma care in the primary care setting. We believe this study will serve to help family physicians provide excellent care and define optimal ways of using electronic care management for asthma.

The Problem

Guidelines have been developed for the appropriate care and management of patients with asthma. However, there is a mounting body of evidence suggesting that there is a large disparity between the development and the actual implementation of guideline-driven asthma care in primary and specialty care practices. This may in part be due to the challenges primary care physicians have in taking the voluminous guidelines and streamlining them into the practical world of patient care.

Practice Considerations:

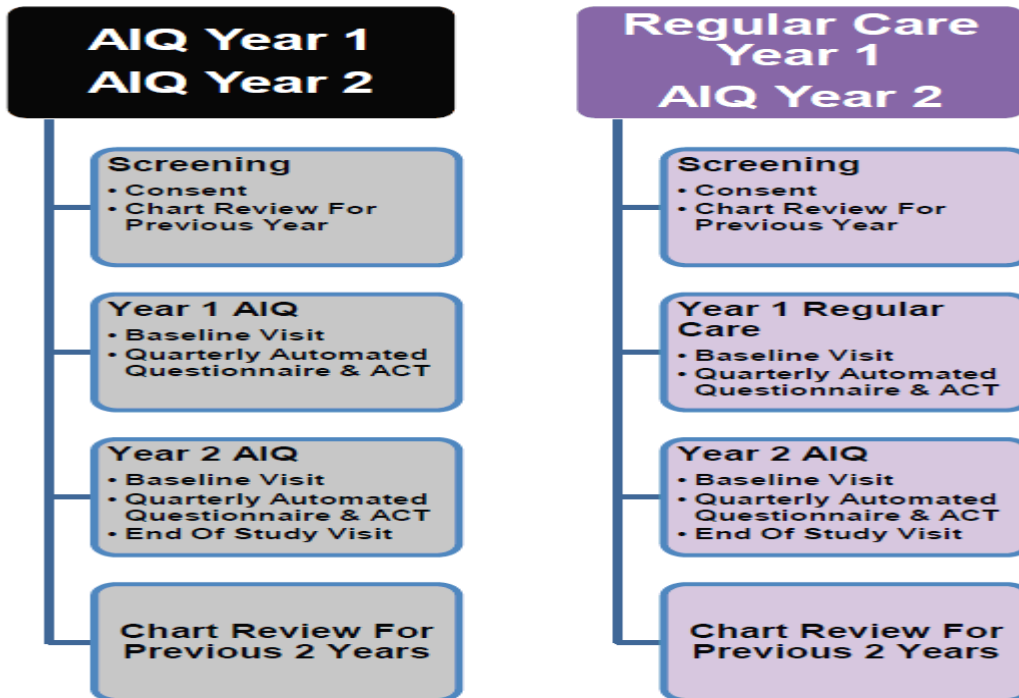
- Your goal is 10 patients, but you may recruit more. You will need to see them at least twice a year for planned visits. One of these may be an annual exam.
- You will be trained to use the software via webinar and will be asked to use it at each asthma related visit.
- You will need to identify your patients with asthma and recruit at least 10 for regular visits. You can use the asthma diagnosis code (493) to do this.
- You will need to contact patients and ask them to participate in the study, and get the consent form signed. Each patient gets \$200 for completion.
- There are no new medical treatments involved in this study. It is a test of the software and its clinical utility. They should receive standard care.
- You should use the software during or shortly after each visit to record all asthma related care.
- Charts of your enrolled patients will be reviewed by research coordinators to ascertain current practice and approach to asthma care at baseline, 6 months and 12 months.
- Your patients must participate surveys of patients regarding asthma control and urgent care visits will be obtained at baseline and at 3, 6 9 and 12 months post enrollment using the ACT tool and specific questionnaires via email. At 12 months, the Regular Care group 2 will be trained to use the software and use it in patient care as above. The Asthma IQ group 1 will continue as per year
- You can bill as you would usually do for the visits.
- Only patients with persistent asthma on chronic controller medication at least some of the year can be recruited. We will be sure you are trained in the NHLBI step criteria for consistent identification of persistent asthmatics.

Benefits to your practice:

- This is an innovative approach to managing asthma with EMR support.
- AIQ will allow you to support your care of asthma in both traditional and incentive based performance programs, including upcoming NCQA criteria.
- AIQ gives you a single source of asthma care management and a registry of care that you can upload to many EMRs later on.
- You receive \$2000 each for your role. Your patients receive \$200 each for a few surveys and showing up for care.

For Additional Information *without committing yourself*, contact Mindy Spano (mspano@aaafp.org) or Karen Sparks (ksparks@aaafp.org) at the NRN or Kurt Elward, MD, Principal Investigator, at 434-996-6391 or [ksselward@aol.com](mailto:kselward@aol.com).

Study Design



This is the study overview. As you can see, it is a partial crossover design, wherein the first group will use Asthma IQ for two years, and the second will use it for the second year. This is intended to allow a) comparison with usual care, b) incremental benefit of AIQ and c) data on sustained use of the tool for longer periods of time.

This study will not involve new medical treatments and does not suggest any care other than that promoted by the Expert Panel Report -3 of the NIH National Asthma Education and Prevention Panel.