A LEARNING COLLABORATIVE

- Modeled after Institute for Healthcare Improvement (IHI) Breakthrough Series. IHI uses criteria to select topics for its Breakthrough Series:
  - Current prevailing practice deviates from best scientific knowledge
  - Improvements would result in lower costs and better quality
  - Improvement has been demonstrated by some organizations (IHI, 2003)
- National Jewish Health (Denver, CO): *The Asthma Toolkit*
WHY ASTHMA?

- Current asthma prevalence in Vermont is 11% for adults, 9% for children (BRFSS, 2010)
- Vermont asthma prevalence is approximately 2% higher than the national average (BRFSS, 2010)
- People in Vermont with asthma report:
  - Well controlled: 29% adults, 21% youth ≤17 yo
  - Not well controlled: 56% adults, 71% youth ≤17 yo
  - Poorly controlled: 15% adults, 8% youth ≤17 yo (Vermont Asthma Callback Survey, 2008-10)

Data used with permission from Caitlin Dayman, Asthma Program Epidemiologist, Vermont Department of Health
WHY ASTHMA?

- 52% of people in Vermont with Asthma had no routine asthma visit in past year. 48% of youth ≤17 yo with asthma report ever having an asthma action plan.
- 32% of adults with asthma report ever having an asthma action plan. (Vermont Asthma Callback Survey, 2008-10)

Data used with permission from Caitlin Dayman, Asthma Program Epidemiologist, Vermont Department of Health.
AIM:

- To improve adherence to evidence based guidelines in primary care management of asthma
- To utilize documentation tools to guide evidenced-based care
A LEARNING COLLABORATIVE

- Planning team from Blueprint and VDH
- Funding support from both organizations (limited budget)
- Primary care practices (Pediatrics, Family Practice and Internal Medicine) recruited by Blueprint Practice Facilitators and Project Managers who were already engaged in process improvement work with the practices
A LEARNING COLLABORATIVE

- Each practice assembled a multi-disciplinary team.
- Series of 3 all-day learning sessions over a 6 month time period.
- Action periods between learning sessions.
- Conference calls between learning sessions for monthly contact.
- Category 1 CME awarded.
- No registration fee.
- Presenters were volunteers (or small honorarium).
- Each team assigned a facilitator.
Measures of Success:

- Measures selected by planning team: (modeled after National Jewish program)
  - Assessment of severity
  - Assessment of control
  - Asthma action plans completed
Measures of Success:

- Baseline, manual retrospective record review of 10% of asthma panel or minimum of 50 records.
- Random selection by counting every 10th patient from printout of asthma panel.
- Second record review conducted in month 4 and recommended quarterly thereafter.
- Tools and support provided for data collection, data entry and display.
A LEARNING COLLABORATIVE

- Shared learning
  - Expert presentations on “actionable items” in primary care
    - NAEPP Guidelines (pulmonologist)
    - Pharmacotherapy (pharmacist)
    - Spirometry (respiratory therapists)
    - Family perspective (Mom, patient)
    - Asthma Triggers (allergist)
  - Panel discussion – group visits
  - Role play- asthma education visit
A LEARNING COLLABORATIVE

- Shared learning
  - Peer presentations (at learning session #2 and #3)
    - 5 practices; 3 pediatrics, 2 family medicine
  - Challenges, successes
  - “Dude, we all suck”
  - All improved !!!

VERMONT ASTHMA LEARNING COLLABORATIVE 2012-13
A LEARNING COLLABORATIVE

- Process/system changes that were made in primary care practices:
  - Identify the asthma panel!
  - Development of asthma visit templates
  - Planned visits for asthma management
  - Workflow redesign to include assessment of control and completion of asthma action plans
  - More patients prescribed controller medications, based on severity
  - Spirometry in office
  - Asthma educator in practice
RESULTS: PRACTICE #1

Vermont Asthma Learning Collaborative 2012
Practice #1 - Pediatrics
Assessment of Severity (sample=50)

Vermont Asthma Collaborative 2012
Practice #1 - Pediatrics
Assessment of Control (sample =50)

Asthma Action Plan in Chart (sample=50)
RESULTS: PRACTICE #2

Vermont Asthma Learning Collaborative 2012
Practice #2 - Pediatrics
Assessment of Severity
Sample = 90

Vermont Asthma Learning Collaborative 2012
Practice #2 - Pediatrics
Assessment of Control
Sample = 90

Vermont Asthma Collaborative 2012
Practice #2 - Pediatrics
Asthma Action Plan in Chart
Sample = 90
RESULTS: PRACTICE #4

Vermont Asthma Learning Collaborative 2012
Practice #4 – Family Practice
Assessment of Severity (Sample =50)

Vermont Asthma Learning Collaborative 2012
Practice #4 – Family Practice
Assessment of Control (Sample = 50)

Vermont Asthma Learning Collaborative 2012
Practice #4 – Family Practice
Asthma Action Plan (Sample = 50)
Success

what people think it looks like

what it really looks like
LESSONS LEARNED:

- What gets measured, gets improved
  - measurement needs to continue for improvement to continue and/or to hold the gain
- It is important to make it easy to do the right thing
- Start small – do something!
NEXT STEPS:

- Repeat Learning Collaborative Fall/Winter 2012-13
- Add measures:
  - Spirometry in past 12 months
  - Flu vaccine in past 12 months
- 9 practices enrolled
- Southern location
- *Spiff up* spreadsheet – upon completion of data entry, data “automagically” populates a graph
- Intent is to monitor performance for 2 years – tools provided to track data