

Equity project: Asthma

Preparing respiratory patients for winter

Why?

Winter 2022 is likely to be very busy as we manage a pandemic and cope with the impact of increased travel and relaxed infection prevention and control processes.

When people with known respiratory disease are reviewed before winter we know they stay well for longer and are less likely to use health services.

What?

Don't get overwhelmed

- Proactive planning with two or three of your most at risk whānau will be valuable.
- Obviously the more you can do the better, but don't be paralysed by patient numbers.

Identify the most at risk

- Māori, Pasifika and deprivation 9-10 patients
- People who are only using short acting beta agonists (e.g. salbutamol) and not using inhaled corticosteroids.
- See your healthlink folder for a break down of these patients. These lists can also be used for auditing your practice against the asthma guidelines (see asthma audit below).

Proactively and opportunistically review patients

- Aim to call just 2-3 patients to come in for a respiratory review each week.
- Funding is available in Tairāwhiti and Taranaki through the Proactive Respiratory Care Programme – and we hope to see this become available in more regions.
- Opportunistically review patients when they are in for a medication review/ ask for a repeat prescription.

How?

- Have tabs open on your internet browser linking to the asthma/ COPD plans so you can print these out and complete them quickly whilst the patient is in the room. Alternatively pre-print some and have them on your desk.
- Check immunisation status – think about flu/covid/pneumococcal/MMR.
- Ask permission to refer to smoking cessation support if appropriate.
- Ask permission to refer to healthy homes service if appropriate.
- Having pre-printed respiratory packs with leaflets explaining asthma/COPD, vaccinations, smoking and healthy homes may be helpful.

Asthma audit

- It's estimated 12 per cent of the population are taking asthma medication in New Zealand.
- Māori are 1.7 times more likely to have asthma compared with non-Māori.
- People living in the most deprived areas are 1.4 times more likely to have asthma than those living in the least deprived areas.
- Māori are 2.8 times more likely to be hospitalised due to asthma than people of European ethnicity (3.2 times for Pasifika).

The adult asthma guidelines were updated in 2020 during COVID-19. Therapy changed significantly for adults and adolescents.

This audit gives prescribers the opportunity to highlight any gaps, review, discuss as a team and introduce changes to address the gaps. The focus is on those ≥ 12 years old who are only on a short acting beta agonist.

Pinnacle have put a list of your patients together of patients ≥ 4 years old who:

- have a diagnosis of asthma
- have been prescribed salbutamol twice in the last four quarters
- have **not** been prescribed a corticosteroid.

This list will be in your healthlink folder in late July.

The lists are sorted by ethnicity and deprivation. If you have more than 20 patients who meet this criteria, sort by Māori and Pasifika and complete the audit on those patients only.

[Use the BPAC audit sheet to capture information against each patient.](#) The audit meets the requirements of the RNZCGP audit criteria.

Note: The lists provided show all coded asthmatics 4 years and older but allows you to filter to those ≥ 12 years. The [children's guidelines also changed in 2020](#). Although the focus of the BPAC audit is adults and adolescents, activities from this audit could be used for your tamariki.

If there is more than one prescriber in your practice, share your findings with others and discuss any changes you could make as a practice to improve the management of asthma.

Some processes you may want to review as part of the audit are listed here.

- Repeat prescribing audit – does your practice have a process to ensure patients calling for short acting beta agonists have a review of their treatment?
 - Does your policy need updating?
 - Could you focus on this group of patients over a week and audit them against your repeat prescribing policy?
- What is the process for a patient who has requested an emergency supply of a short acting beta agonist at their community pharmacy?
 - Talk to your local pharmacy to see if they can ensure patients who do pick up an emergency supply are referred to you for a review.
- Does your patient need training around inhaler technique?
 - Could your local pharmacy do this if you are pressed for time?
- Does your patient have an up to date asthma plan?
 - This should ideally be completed by a GP. For patients who fit the criteria, funding is available in Tairāwhiti and Taranaki through the Proactive Respiratory Care Programme – and we hope to see this become available in more regions.
- Is the patient up to date with flu/covid/MMR immunisations?
 - What about the vaccination status of their whānau?