Asthma Clinical Objectives

ASTHMA CLINICAL GOALS	Relevant to Asthma Guideline	Feasible with IT	Evaluable	Cross-Reference To Pertinent Guideline Recommendation		Clinical Objectives Category					
				EPR3 page	GEM Knowledge Component	Improve patient education and	Improve patient satisfaction with	Optimize decision making	Prevent errors of omission/commiss	Optimize treatment of	Improve documentation of
Asthma related quality of life	Y	Y	Y	55, 61-64		X	X				
How are things going?	Y	Y	Y								
Are you satisfied with asthma control?	Y	Y	Y								
Are you satisfied with clinicians	Y	Y	Y								
Asthma control measured in a formalized manner (impairment & risk)	Y	Y	Y	50, 51, 55, 56, 57, 61, 63, 288				X			X
Symptom frequency	Y	Y	Y								
Nighttime awakenings	Y	Y	Y								
Interference with normal activities	Y	Y	Y								
Frequency of use of SABA	Y	Y	Y		Asthma Control						
Pulmonary function (Spirometry, FEV1/FVC, PEFR)	Y	Y	Y	43,44,58							
Exacerbations requiring steroids	Y	Y	Y								
Adverse effects of treatment	Y	Y	Y	63							
ED Visits, hospitalizations, ICU, missed school	Y	Y	Y								
Lung growth (?)	Y	?	?								
Use of the terms "impairment" and "risk"	Y	Y	Y	50,51,55,56							
Asthma action plan distribution	Y	Y	Y	60, 115		X	X				
Patient education and encouragement of adherence											

Asthma Clinical Objectives

ASTHMA CLINICAL GOALS	Relevant to Asthma Guideline	Feasible with IT	Evaluable	Cross-Reference To Pertinent Guideline Recommendation		Clinical Objectives Category					
				EPR3 page	GEM Knowledge Component	Improve patient	Improve patient	Optimize decision	Prevent errors of	Optimize treatment	Improve documentat
Timing of EHR documentation, availability for decision support	**N**	**?**	**Y**						X		
Provider satisfaction with CDS (“onerousness”)	**N**	**Y**	**Y**								
Other factors not mentioned on GLIDES planning call											
Choice of therapies	**Y**	**Y**	**Y**	290-304	Asthma Steps				X	X	
Steps 1-6 care by age	**Y**	**Y**	**Y**								
Documentation of triggers and environmental changes	**Y**	**Y**	**Y**	167-84				X			X
Asthma severity (at presentation or inferred from controller meds)	**Y**	**Y**	**Y**	49	Asthma Severity			X			X
Specialty referrals (pulmonolgy, allergy)	Y	N	?	45, 68					X	X	
?? Costs	N	?	Y	114							
?? Choice of tests	**Y**	**Y**	**Y**								
"Structure of care" at each site (provider/patient demographics, computer experience, etc)	**N**	**Y**	**Y**	145							
Guideline quality (COGS, GLIA)	**Y**	**N**	**Y**								
Challenges for implementation in EHR system	**Y**	**Y**	**Y**	145							
Improve provider adherence to guideline recommendation (use)	**Y**	**Y**	**Y**					X			X
Less directly relevant to GLIDES											
Medication reconciliation	N	?	N								
ED looks at med lists, often not up-to-date and unreliable	N	Y	N								
Problem list accuracy	N	Y	N								
Letters from asthma specialists not alerting primary care docs when delivered electronically	N	Y	N								
Who can touch/control problem/medication/allergy lists	N	N	N								
Communication between providers											
Identification of primary (resident) providers is an issue at Yale	N	N	N								