

Title of Intervention: Tailored Asthma Care for Adults

Intervention Strategies: Individual Education

Purpose of the Intervention: To improve self-management of asthma

Population: Adults with asthma

Setting: Community Asthma Care Centers in Canada; health care facility-based

Partners: None mentioned

Intervention Description:

- Individual Education: Participants received personalized education based on their asthma severity and needs assessment. Topics included trigger avoidance, environmental control, the role of medications, delivery systems, action plans and self-monitoring skills. The initial visit included spirometry according to American Thoracic Society standards, as well as making a detailed patient profile using a standardized questionnaire and software developed from this purpose from GlaxoWellcome Community Asthma Management System. A follow-up visit was scheduled for two weeks later to assess control and understanding of the material.

Theory: Social Cognitive Theory

Resources Required:

- Staff/Volunteers: Educators
- Training: Educators received a two-day training on protocol
- Technology: Software from GlaxoWellcome
- Space: Meeting space
- Budget: Not mentioned
- Intervention: Educational materials, action plans
- Evaluation: Questionnaires

Evaluation:

- Design: Observational study with pre- and post-tests
- Methods and Measures:
 - Standardized questionnaire assessed contact with health care system, symptoms, triggers, medication, action plan use and action taken during an episode

Outcomes:

- Short Term Impact: Not measured
- Long Term Impact: Asthma education was associated with substantial improvements in scheduled and unscheduled physician visits, hospital visits, unscheduled specialist visits, emergency department visits, hospitalized days, missed work or school days and missed days of leisure time.

Maintenance: Not mentioned

Lessons Learned: Standardized asthma education appears to be effective when administered in a variety of practice settings and may be associated with significant improvements in patient outcomes. The significant decline in health care utilization implies that substantial health care savings may occur as a result of the implementation of standardized asthma education programs.

Citation(s):

Hopman, W. M., N. Garvey, et al. (2004). "Outcomes of asthma education: results of a multisite evaluation." *Can Respir J* 11(4): 291-7.