



# OPTIMISE

## Asthma Patient Care



RACGP CPD Approved Activity

Educational  
Activities  
**2**  
hours

Measuring  
Outcomes  
**8**  
hours

Reviewing  
Performance  
**2**  
hours

Activity number: 477813



Activity number: TBD

First Name:

Surname:

RACGP or ACRRM number:

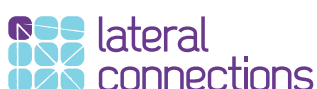
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### HOW TO SAVE AND SUBMIT THIS BOOKLET

**SAVE:** To save the Module as you go, click File > Save as > choose folder or desktop > Save

**SUBMIT:** Once the Module is completed, click the 'SUBMIT' button on page 32.  
Your responses will attach within your email browser ready to send.  
If you have any queries, please email [education@lateralconnections.com.au](mailto:education@lateralconnections.com.au)



This organisation is a CPD  
education provider under the  
RACGP CPD Program.



This educational activity was developed  
by Lateral Connections at the request of  
and with funding from GSK.

This program has been developed based on best practice and driven by a guideline management approach to improving patient outcomes in people with asthma who are prescribed regular maintenance medium to high dose inhaled corticosteroid (ICS)/long-acting beta2 agonist (LABA) combination, and have required systemic corticosteroid treatment in the past 12 months.

The Australian Asthma Handbook provides best-practice, evidence-based guidance translated into practical advice for primary care health professionals. The current version 2.2 was published in April 2022.

The National Asthma Council offers a range of evidence-based resources for health professionals, patients and their carers to support best practice management of asthma. This is the link to the section on managing asthma in adults:  
<https://www.astmahandbook.org.au/management/adults>

## BACKGROUND READING:

Patients with asthma who are suboptimally responsive to ICS/LABA combinations are frequently exposed to oral corticosteroids and/or high-dose ICS, which can lead to significant side effects. Long-acting muscarinic antagonists (LAMAs) have demonstrated efficacy and safety in a subset of these patients. Review the following on the role of LAMAs and adverse outcomes from systemic corticosteroids:

<https://www.sciencedirect.com/science/article/pii/S0091674922008831>

<https://pubmed.ncbi.nlm.nih.gov/30214247>

**Summarise your key learnings from these publications:**

These three publications discuss prevalence of uncontrolled asthma and sub-optimal patient management in Australia:

<https://www.mja.com.au/system/files/issues/red01564.pdf>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7711630/pdf/pharmacy-08-00183.pdf>

<https://www.tandfonline.com/doi/epdf/10.1080/02770903.2022.2093217?needAccess=true&role=button>

**Summarise your key learnings from these publications:**

## BACKGROUND READING (CONTINUED):

These two publications discuss unmet needs and potential solutions in uncontrolled asthma:

<https://err.ersjournals.com/content/31/163/210176>

<https://www.dovepress.com/getfile.php?fileID=69032>

**Summarise your key learnings from these publications:**

This publication discusses how asthma patients should be considered for step-down treatment once well-controlled:

<https://www.nps.org.au/assets/AP/pdf/p125-Reddel-Foxley-Davis-v2.pdf>

**Summarise your key learnings from this publication:**

1. What do you hope to achieve by completing this program?
2. Identify your individual learning goals in relation to managing asthma in adults
3. How do you currently manage asthma in your adult patients?
4. What resources do you currently use to assist with managing adult patients with asthma? Are there any asthma resources or patient care plans you would like more information on?
5. What areas of adult asthma care would you specifically like to focus on?
6. What management strategies for adult patients with asthma would you like to learn more about?

## LEARNING OUTCOMES

Evaluate the gaps between your practice and recommendations from the Australian Asthma Handbook.

Determine appropriate non-pharmacological strategies to provide optimisation of therapy in adult patients with asthma who are prescribed regular daily ICS/LABA combination.

Determine appropriate pharmacological strategies to provide optimisation of therapy in adult patients with asthma who are prescribed regular daily ICS/LABA combination.

Identify suitable resources for patients with asthma to enhance their ability to self-manage their condition.

Review changes that are required to improve the quality of care for patients with asthma in your practice.

## CASE FINDING ACTIVITY

**Identify five adult patients with asthma who:**

- have been prescribed regular maintenance medium to high dose ICS/LABA combination; and
- required systemic corticosteroid treatment in the past 12 months; and
- were treated by you or within your practice in the past 24 months.

## REVIEW CURRENT PATIENT RECORDS

Review and record the management plans for the five adult patients with asthma who have been prescribed regular maintenance medium to high dose ICS/LABA combination, and required systemic corticosteroid treatment in the past 12 months, from the CASE FINDING ACTIVITY.

Provide summary notes for each of these five adult patients (de-identified and unidentifiable). Include comments on the current management plans for each patient.

## PATIENT RECALL CONSULTATION NOTES

Once review of current patient records is complete, contact patients asking them to visit the practice for re-assessment. This can be done by the nurse/practice manager via phone call, email or letter.

Following recall consultation with each of the five patients you identified earlier, record any changes made to their management based on the Australian Asthma Handbook.

## Identify five adult patients with asthma who:

- have been prescribed regular maintenance medium to high dose ICS/LABA combination; and
- required systemic corticosteroid treatment in the past 12 months; and
- were treated by you or within your practice in the past 24 months.

## PRACTICE SYSTEMS AND PROCESSES

Use your practice systems and processes (e.g. search tools and databases) to access patient data for five adult patients with asthma who have been prescribed regular daily ICS/LABA treatment and required systemic corticosteroid treatment in the past 12 months. Make notes on your ability to search and collate data on these patients. Examples of search filters used on Medical Director are found in the Appendix. The success of such a search will depend on the information in the database to begin with.

The Australian Asthma Handbook defines levels of recent asthma control in adults (regardless of current treatment regimen) according to good, partial and poor control. Note that recent asthma symptom control is based on symptoms over the previous 4 weeks.

Good Control	Partial control	Poor control
<p>All of:</p> <ul style="list-style-type: none"> <li>&gt; Daytime symptoms ≤2 days per week</li> <li>&gt; Need for SABA reliever ≤2 days per week<sup>†</sup></li> <li>&gt; No limitation of activities</li> <li>&gt; No symptoms during night or on waking</li> </ul>	<p>One or two of:</p> <ul style="list-style-type: none"> <li>&gt; Daytime symptoms &gt;2 days per week</li> <li>&gt; Need for SABA reliever &gt;2 days per week<sup>†</sup></li> <li>&gt; Any limitation of activities</li> <li>&gt; Any symptoms during night or on waking</li> </ul>	<p>Three or more of:</p> <ul style="list-style-type: none"> <li>&gt; Daytime symptoms &gt;2 days per week</li> <li>&gt; Need for SABA reliever &gt;2 days per week<sup>†</sup></li> <li>&gt; Any limitation of activities</li> <li>&gt; Any symptoms during night or on waking</li> </ul>

SABA: short-acting beta2-agonist

<sup>†</sup> not including SABA doses taken prophylactically before exercise. (Record this separately and take into account when assessing management.)

Adapted from National Asthma Council Australia. Australian Asthma Handbook. National Asthma Council Australia, Melbourne, 2023.

**Review and record the management plans for the five adult patients with asthma who have been prescribed regular maintenance medium to high dose ICS/LABA combination, and required systemic corticosteroid treatment in the past 12 months, from the CASE FINDING ACTIVITY. Once patient review is complete, contact patients asking them to visit the practice for re-assessment. This can be done by the nurse/practice manager via phone call, email or letter.**

**Provide summary notes for each of these five adult patients (de-identified and unidentifiable) below. Include comments on the current management plans for each patient regarding the following:**

## PATIENT 1

Assessment of asthma control and lung function (e.g. daytime symptoms, nighttime symptoms, need for SABA reliever, limitation of activities, spirometry). Was a validated patient questionnaire (e.g. ACQ-7 or ACT) used?

Non-pharmacological strategies (e.g. smoking cessation, management of asthma triggers, psychosocial support and health literacy)

Describe the systemic corticosteroid therapy that the patient required in the past 12 months (e.g. dose, frequency)

What is the patient's current inhaled maintenance pharmacological treatment? (tick box)

☐ Regular maintenance medium dose ICS/LABA + reliever PRN

☐ Regular maintenance high dose ICS/LABA + reliever PRN

☐ Other

## PATIENT 1 (CONTINUED)

Inhaler technique and adherence, and potential inhaler device polypharmacy (e.g. how often is inhaler technique checked? how many inhaler devices are used?)

Management of comorbidities (e.g. obesity, gastro-oesophageal reflux disease, obstructive sleep apnoea syndrome and other sleep disorders, osteoporosis, cardiovascular disease, diabetes, mental health, allergic rhinitis/rhinosinusitis and nasal polyposis)

Referral to specialist respiratory services

Plan of care (e.g. GP management plan, home medicines review with a consultant pharmacist)

Patient self-management (e.g. written action plan, fact sheets, online information)



**Review and record the management plans for the five adult patients with asthma who have been prescribed regular maintenance medium to high dose ICS/LABA combination, and required systemic corticosteroid treatment in the past 12 months, from the CASE FINDING ACTIVITY. Once patient review is complete, contact patients asking them to visit the practice for re-assessment. This can be done by the nurse/practice manager via phone call, email or letter.**

**Provide summary notes for each of these five adult patients (de-identified and unidentifiable) below. Include comments on the current management plans for each patient regarding the following:**

## PATIENT 2

Assessment of asthma control and lung function (e.g. daytime symptoms, nighttime symptoms, need for SABA reliever, limitation of activities, spirometry). Was a validated patient questionnaire (e.g. ACQ-7 or ACT) used?

Non-pharmacological strategies (e.g. smoking cessation, management of asthma triggers, psychosocial support and health literacy)

Describe the systemic corticosteroid therapy that the patient required in the past 12 months (e.g. dose, frequency)

What is the patient's current inhaled maintenance pharmacological treatment? (tick box)

☐ Regular maintenance medium dose ICS/LABA + reliever PRN

☐ Regular maintenance high dose ICS/LABA + reliever PRN

☐ Other

## PATIENT 2 (CONTINUED)

Inhaler technique and adherence, and potential inhaler device polypharmacy (e.g. how often is inhaler technique checked? how many inhaler devices are used?)

Management of comorbidities (e.g. obesity, gastro-oesophageal reflux disease, obstructive sleep apnoea syndrome and other sleep disorders, osteoporosis, cardiovascular disease, diabetes, mental health, allergic rhinitis/rhinosinusitis and nasal polyposis)

Referral to specialist respiratory services

Plan of care (e.g. GP management plan, home medicines review with a consultant pharmacist)

Patient self-management (e.g. written action plan, fact sheets, online information)

**Review and record the management plans for the five adult patients with asthma who have been prescribed regular maintenance medium to high dose ICS/LABA combination, and required systemic corticosteroid treatment in the past 12 months, from the CASE FINDING ACTIVITY. Once patient review is complete, contact patients asking them to visit the practice for re-assessment. This can be done by the nurse/practice manager via phone call, email or letter.**

**Provide summary notes for each of these five adult patients (de-identified and unidentifiable) below. Include comments on the current management plans for each patient regarding the following:**

## PATIENT 3

Assessment of asthma control and lung function (e.g. daytime symptoms, nighttime symptoms, need for SABA reliever, limitation of activities, spirometry). Was a validated patient questionnaire (e.g. ACQ-7 or ACT) used?

Non-pharmacological strategies (e.g. smoking cessation, management of asthma triggers, psychosocial support and health literacy)

Describe the systemic corticosteroid therapy that the patient required in the past 12 months (e.g. dose, frequency)

What is the patient's current inhaled maintenance pharmacological treatment? (tick box)

☐ Regular maintenance medium dose ICS/LABA + reliever PRN

☐ Regular maintenance high dose ICS/LABA + reliever PRN

☐ Other

## PATIENT 3 (CONTINUED)

Inhaler technique and adherence, and potential inhaler device polypharmacy (e.g. how often is inhaler technique checked? how many inhaler devices are used?)

Management of comorbidities (e.g. obesity, gastro-oesophageal reflux disease, obstructive sleep apnoea syndrome and other sleep disorders, osteoporosis, cardiovascular disease, diabetes, mental health, allergic rhinitis/rhinosinusitis and nasal polyposis)

Referral to specialist respiratory services

Plan of care (e.g. GP management plan, home medicines review with a consultant pharmacist)

Patient self-management (e.g. written action plan, fact sheets, online information)

**Review and record the management plans for the five adult patients with asthma who have been prescribed regular maintenance medium to high dose ICS/LABA combination, and required systemic corticosteroid treatment in the past 12 months, from the CASE FINDING ACTIVITY. Once patient review is complete, contact patients asking them to visit the practice for re-assessment. This can be done by the nurse/practice manager via phone call, email or letter.**

**Provide summary notes for each of these five adult patients (de-identified and unidentifiable) below. Include comments on the current management plans for each patient regarding the following:**

## PATIENT 4

Assessment of asthma control and lung function (e.g. daytime symptoms, nighttime symptoms, need for SABA reliever, limitation of activities, spirometry). Was a validated patient questionnaire (e.g. ACQ-7 or ACT) used?

Non-pharmacological strategies (e.g. smoking cessation, management of asthma triggers, psychosocial support and health literacy)

Describe the systemic corticosteroid therapy that the patient required in the past 12 months (e.g. dose, frequency)

What is the patient's current inhaled maintenance pharmacological treatment? (tick box)

☐ Regular maintenance medium dose ICS/LABA + reliever PRN

☐ Regular maintenance high dose ICS/LABA + reliever PRN

☐ Other

## PATIENT 4 (CONTINUED)

Inhaler technique and adherence, and potential inhaler device polypharmacy (e.g. how often is inhaler technique checked? how many inhaler devices are used?)

Management of comorbidities (e.g. obesity, gastro-oesophageal reflux disease, obstructive sleep apnoea syndrome and other sleep disorders, osteoporosis, cardiovascular disease, diabetes, mental health, allergic rhinitis/rhinosinusitis and nasal polyposis)

Referral to specialist respiratory services

Plan of care (e.g. GP management plan, home medicines review with a consultant pharmacist)

Patient self-management (e.g. written action plan, fact sheets, online information)

**Review and record the management plans for the five adult patients with asthma who have been prescribed regular maintenance medium to high dose ICS/LABA combination, and required systemic corticosteroid treatment in the past 12 months, from the CASE FINDING ACTIVITY. Once patient review is complete, contact patients asking them to visit the practice for re-assessment. This can be done by the nurse/practice manager via phone call, email or letter.**

**Provide summary notes for each of these five adult patients (de-identified and unidentifiable) below. Include comments on the current management plans for each patient regarding the following:**

## PATIENT 5

Assessment of asthma control and lung function (e.g. daytime symptoms, nighttime symptoms, need for SABA reliever, limitation of activities, spirometry). Was a validated patient questionnaire (e.g. ACQ-7 or ACT) used?

Non-pharmacological strategies (e.g. smoking cessation, management of asthma triggers, psychosocial support and health literacy)

Describe the systemic corticosteroid therapy that the patient required in the past 12 months (e.g. dose, frequency)

What is the patient's current inhaled maintenance pharmacological treatment? (tick box)

☐ Regular maintenance medium dose ICS/LABA + reliever PRN

☐ Regular maintenance high dose ICS/LABA + reliever PRN

☐ Other

## PATIENT 5 (CONTINUED)

Inhaler technique and adherence, and potential inhaler device polypharmacy (e.g. how often is inhaler technique checked? how many inhaler devices are used?)

Management of comorbidities (e.g. obesity, gastro-oesophageal reflux disease, obstructive sleep apnoea syndrome and other sleep disorders, osteoporosis, cardiovascular disease, diabetes, mental health, allergic rhinitis/rhinosinusitis and nasal polyposis)

Referral to specialist respiratory services

Plan of care (e.g. GP management plan, home medicines review with a consultant pharmacist)

Patient self-management (e.g. written action plan, fact sheets, online information)



Access the Australian Asthma Handbook, with a primary objective of reviewing your practice approach to managing adult patients with asthma who have been prescribed regular daily ICS/LABA inhaler treatment. This is available from the National Asthma Council website: <https://www.asthmahandbook.org.au/management/adults>



Adapted from National Asthma Council Australia. Australian Asthma Handbook. National Asthma Council Australia, Melbourne, 2023.

The following self-assessment is an opportunity to benchmark your own practice and asthma patient management against recommendations from the Australian Asthma Handbook.

Please rate the following statements (tick), taking into consideration your own practice systems and processes, and the patient cases that you have selected.

**KEY: 1=Never; 2=Seldom; 3=About half the time; 4=Usually; 5=Always**

When the patient arrives, they complete an asthma intake form including a validated patient questionnaire. 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

A review is conducted with respect to: a. Symptoms and reliever use during the previous 4 weeks; b. Flare-ups during the previous 12 months. 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

An assessment is made regarding any barriers to self-management, including adherence problems. 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

A physical examination is conducted to check for signs of allergy and eczema. 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

Medicines are adjusted based on stepped approach. 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

\*Events that require urgent action by the patient (or carers) and health professionals to prevent a serious outcome such as hospitalisation or death from asthma.

This section will assist you in the planning and coordination of health care for patients with asthma, and assist with implementing any changes to treatment based on the Australian Asthma Handbook.

**Please review these resources which will assist in preparing for patient consultations:**

- Asthma Consult Checklist – [http://asthma.org.au/wp-content/uploads/2021/03/AAACCR2020A4-Asthma-Consult-Checklist-Review\\_v3.pdf](http://asthma.org.au/wp-content/uploads/2021/03/AAACCR2020A4-Asthma-Consult-Checklist-Review_v3.pdf)
- Selecting & Adjusting Asthma Medication for Adults and Adolescents – [https://d8z57tiamduo7.cloudfront.net/resources/NAC-SAAA\\_Web.pdf](https://d8z57tiamduo7.cloudfront.net/resources/NAC-SAAA_Web.pdf)
- Asthma & COPD Medications – [https://d8z57tiamduo7.cloudfront.net/resources/NAC-Asthma-COPD-Medications-Chart-2022\\_A4\\_Web.pdf](https://d8z57tiamduo7.cloudfront.net/resources/NAC-Asthma-COPD-Medications-Chart-2022_A4_Web.pdf)
- NAC/NPS Inhaler Technique Checklists – [https://d8z57tiamduo7.cloudfront.net/resources/Inhaler-technique-checklist\\_NPS-Medicinewise\\_2020.pdf](https://d8z57tiamduo7.cloudfront.net/resources/Inhaler-technique-checklist_NPS-Medicinewise_2020.pdf)

**Please see support resources below that can be provided to the patients during their appointments:**

- Asthma Action Plan – [https://d8z57tiamduo7.cloudfront.net/resources/341-nac\\_asthma\\_action\\_plan\\_colour\\_a4.pdf](https://d8z57tiamduo7.cloudfront.net/resources/341-nac_asthma_action_plan_colour_a4.pdf)
- Asthma Inhaler and Medication Tips – [https://d8z57tiamduo7.cloudfront.net/resources/Asthma-inhaler-and-medication-tips\\_Factsheet.pdf.pdf](https://d8z57tiamduo7.cloudfront.net/resources/Asthma-inhaler-and-medication-tips_Factsheet.pdf.pdf)
- 5 Steps to Breathe Better, Feel Better – [https://d8z57tiamduo7.cloudfront.net/resources/5-Steps-to-Breathe-Better\\_-Factsheet.pdf.pdf](https://d8z57tiamduo7.cloudfront.net/resources/5-Steps-to-Breathe-Better_-Factsheet.pdf.pdf)
- How-to videos on using different inhalers – <https://www.nationalasthma.org.au/health-professionals/how-to-videos>

**After reviewing these resources, identify three quality improvements in your care plan process which you will be able to implement with the five patients you identified earlier.**

1.

2.

3.

Although ICS/ LABA constituted 81.5% of Australian total ICS use, only 54.4% of participants of a web-based survey reported well-controlled symptoms (the survey was administered to individuals aged  $\geq 16$  years with current asthma and published in 2017).<sup>1</sup>



## What are some treatment considerations for adult asthma patients experiencing symptoms on ICS/LABA?

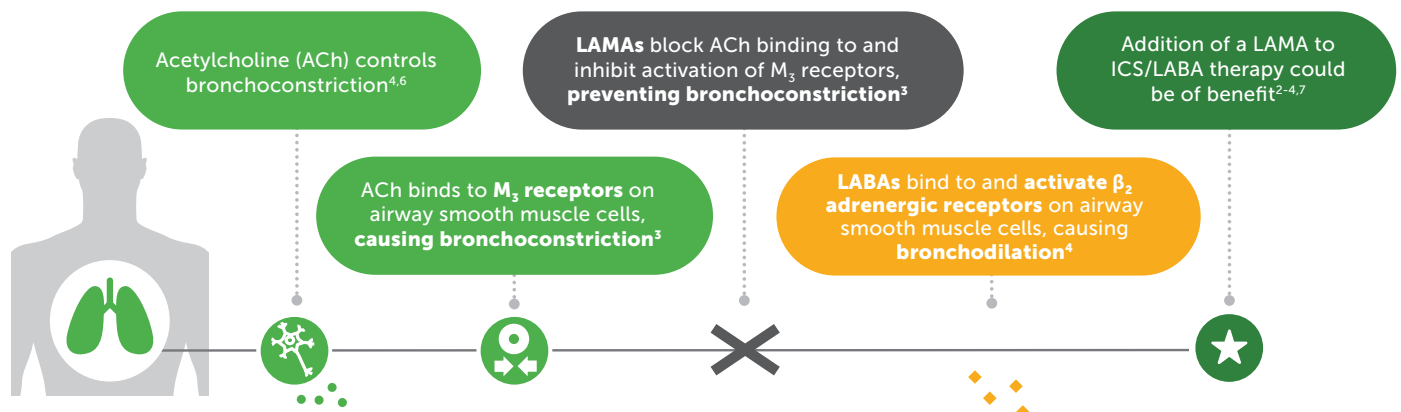
- Are they taking their medicine correctly?
- Do they have good inhaler technique?
- Are the medicines treating the underlying pathology?

## Are the symptoms due to undertreated bronchoconstriction?

### Underlying pathophysiology<sup>2-5</sup>



## LAMAs enhance bronchodilation through a different, but complementary, mechanism of action to LABAs



Add on treatments e.g. LAMA for adult with severe asthma can be considered in primary care before referring for specialist assessment for monoclonal antibody therapy.

## Guideline recommendation on the use of multi-Inhalers in asthma<sup>8</sup>

Using separate inhalers for concomitant treatment with an inhaled ICS/LABA+LAMA in patients with asthma (including patients with asthma-COPD overlap) should be avoided if possible, due to the risk of selective non-adherence with the inhaled corticosteroid.

If no combination product is available for the desired combination, carefully explain to the patient that it is very important that they continue taking the inhaled corticosteroid, to reduce the risk of hospitalisation or death.

**Monoclonal antibody therapies may be required for the treatment of patients with severe allergic or eosinophilic asthma whose asthma is uncontrolled despite optimised standard treatment including high-dose ICS/LABAs. Consider referral for assessment and specialist treatments.<sup>8</sup>**

ICS, inhaled corticosteroid; LABA, long-acting  $\beta_2$ -agonist; LAMA, long-acting muscarinic antagonist; OCS, oral corticosteroids; N=3416 patients.

1. Reddel HK et al. *Respirology* 2017; 22: 1570–1578. 2. GINA: Global Strategy for Asthma Management and Prevention. 2020. Available from: [www.ginasthma.org](http://www.ginasthma.org) [accessed April 2023]. 3. Bulkhi A et al. *Drugs* 2016;76:999–1013. 4. Gosens R and Gross N. *Eur Respir J* 2018;52:1701247. 5. Ichinose M et al. *Allergol Int* 2017;66:163–89. 6. Aalbers R and Park H-S. *Allergy Asthma Immunol Res.* 2017;9:386–9. 7. Ichinose M et al. *Allergol Int.* 2017;66:163–89. 8. National Asthma Council Australia. *Australian Asthma Handbook*. National Asthma Council Australia, Melbourne, 2023.

Once review of current patient records is complete, contact patients asking them to visit the practice for re-assessment. This can be done by the nurse/practice manager via phone call, email or letter.

Following recall consultation with each of the five patients you identified earlier, record any changes made to their management based on the Australian Asthma Handbook.

## PATIENT 1

Assessment of asthma control and lung function (e.g. daytime symptoms, nighttime symptoms, need for SABA reliever, limitation of activities, spirometry)

Non-pharmacological strategies (e.g. smoking cessation, management of asthma triggers, psychosocial support and health literacy)

What are the patient's inhaled pharmacological treatments now? (tick box)

- ☐ Regular maintenance low dose ICS/LABA + reliever PRN
- ☐ Regular maintenance medium dose ICS/LABA + reliever PRN
- ☐ Regular maintenance high dose ICS/LABA + reliever PRN
- ☐ ICS/LABA/LAMA (single inhaler triple therapy)
- ☐ ICS/LABA + LAMA (multi inhaler triple therapy)
- ☐ Other

Did you adopt a step-down approach?

☐ Yes ☐ No

Did you adopt a step-up approach?

☐ Yes ☐ No

Did you refer the patient to a specialist?

☐ Yes ☐ No ☐ Already seeing specialist

## PATIENT 1 (CONTINUED)

Inhaler technique and adherence, and potential inhaler device polypharmacy (e.g. how often is inhaler technique checked? how many inhaler devices are used?)

Management of comorbidities (e.g. obesity, gastro-oesophageal reflux disease, obstructive sleep apnoea syndrome and other sleep disorders, osteoporosis, cardiovascular disease, diabetes, mental health, allergic rhinitis/rhinosinusitis and nasal polyposis)

Referral to specialist respiratory services

Plan of care (e.g. GP management plan, home medicines review with a consultant pharmacist)

Patient self-management (e.g. written action plan, fact sheets, online information)

Once review of current patient records is complete, contact patients asking them to visit the practice for re-assessment. This can be done by the nurse/practice manager via phone call, email or letter.

Following recall consultation with each of the five patients you identified earlier, record any changes made to their management based on the Australian Asthma Handbook.

## PATIENT 2

Assessment of asthma control and lung function (e.g. daytime symptoms, nighttime symptoms, need for SABA reliever, limitation of activities, spirometry)

Non-pharmacological strategies (e.g. smoking cessation, management of asthma triggers, psychosocial support and health literacy)

What are the patient's inhaled pharmacological treatments now? (tick box)

- ☐ Regular maintenance low dose ICS/LABA + reliever PRN
- ☐ Regular maintenance medium dose ICS/LABA + reliever PRN
- ☐ Regular maintenance high dose ICS/LABA + reliever PRN
- ☐ ICS/LABA/LAMA (single inhaler triple therapy)
- ☐ ICS/LABA + LAMA (multi inhaler triple therapy)
- ☐ Other

Did you adopt a step-down approach?

☐ Yes ☐ No

Did you adopt a step-up approach?

☐ Yes ☐ No

Did you refer the patient to a specialist?

☐ Yes ☐ No ☐ Already seeing specialist

## PATIENT 2 (CONTINUED)

Inhaler technique and adherence, and potential inhaler device polypharmacy (e.g. how often is inhaler technique checked? how many inhaler devices are used?)

Management of comorbidities (e.g. obesity, gastro-oesophageal reflux disease, obstructive sleep apnoea syndrome and other sleep disorders, osteoporosis, cardiovascular disease, diabetes, mental health, allergic rhinitis/rhinosinusitis and nasal polyposis)

Referral to specialist respiratory services

Plan of care (e.g. GP management plan, home medicines review with a consultant pharmacist)

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**Once review of current patient records is complete, contact patients asking them to visit the practice for re-assessment. This can be done by the nurse/practice manager via phone call, email or letter.**

**Following recall consultation with each of the five patients you identified earlier, record any changes made to their management based on the Australian Asthma Handbook.**

## PATIENT 3

Assessment of asthma control and lung function (e.g. daytime symptoms, nighttime symptoms, need for SABA reliever, limitation of activities, spirometry)

Non-pharmacological strategies (e.g. smoking cessation, management of asthma triggers, psychosocial support and health literacy)

What are the patient's inhaled pharmacological treatments now? (tick box)

- ☐ Regular maintenance low dose ICS/LABA + reliever PRN
- ☐ Regular maintenance medium dose ICS/LABA + reliever PRN
- ☐ Regular maintenance high dose ICS/LABA + reliever PRN
- ☐ ICS/LABA/LAMA (single inhaler triple therapy)
- ☐ ICS/LABA + LAMA (multi inhaler triple therapy)
- ☐ Other

Did you adopt a step-down approach?

☐ Yes ☐ No

Did you adopt a step-up approach?

☐ Yes ☐ No

Did you refer the patient to a specialist?

☐ Yes ☐ No ☐ Already seeing specialist



## PATIENT 3 (CONTINUED)

Inhaler technique and adherence, and potential inhaler device polypharmacy (e.g. how often is inhaler technique checked? how many inhaler devices are used?)

Management of comorbidities (e.g. obesity, gastro-oesophageal reflux disease, obstructive sleep apnoea syndrome and other sleep disorders, osteoporosis, cardiovascular disease, diabetes, mental health, allergic rhinitis/rhinosinusitis and nasal polyposis)

Referral to specialist respiratory services

Plan of care (e.g. GP management plan, home medicines review with a consultant pharmacist)

Patient self-management (e.g. written action plan, fact sheets, online information)

Once review of current patient records is complete, contact patients asking them to visit the practice for re-assessment. This can be done by the nurse/practice manager via phone call, email or letter.

Following recall consultation with each of the five patients you identified earlier, record any changes made to their management based on the Australian Asthma Handbook.

## PATIENT 4

Assessment of asthma control and lung function (e.g. daytime symptoms, nighttime symptoms, need for SABA reliever, limitation of activities, spirometry)

Non-pharmacological strategies (e.g. smoking cessation, management of asthma triggers, psychosocial support and health literacy)

What are the patient's inhaled pharmacological treatments now? (tick box)

- ☐ Regular maintenance low dose ICS/LABA + reliever PRN
- ☐ Regular maintenance medium dose ICS/LABA + reliever PRN
- ☐ Regular maintenance high dose ICS/LABA + reliever PRN
- ☐ ICS/LABA/LAMA (single inhaler triple therapy)
- ☐ ICS/LABA + LAMA (multi inhaler triple therapy)
- ☐ Other

Did you adopt a step-down approach?

☐ Yes ☐ No

Did you adopt a step-up approach?

☐ Yes ☐ No

Did you refer the patient to a specialist?

☐ Yes ☐ No ☐ Already seeing specialist

## PATIENT 4 (CONTINUED)

Inhaler technique and adherence, and potential inhaler device polypharmacy (e.g. how often is inhaler technique checked? how many inhaler devices are used?)

Management of comorbidities (e.g. obesity, gastro-oesophageal reflux disease, obstructive sleep apnoea syndrome and other sleep disorders, osteoporosis, cardiovascular disease, diabetes, mental health, allergic rhinitis/rhinosinusitis and nasal polyposis)

Referral to specialist respiratory services

Plan of care (e.g. GP management plan, home medicines review with a consultant pharmacist)

Patient self-management (e.g. written action plan, fact sheets, online information)

Once review of current patient records is complete, contact patients asking them to visit the practice for re-assessment. This can be done by the nurse/practice manager via phone call, email or letter.

Following recall consultation with each of the five patients you identified earlier, record any changes made to their management based on the Australian Asthma Handbook.

## PATIENT 5

Assessment of asthma control and lung function (e.g. daytime symptoms, nighttime symptoms, need for SABA reliever, limitation of activities, spirometry)

Non-pharmacological strategies (e.g. smoking cessation, management of asthma triggers, psychosocial support and health literacy)

What are the patient's inhaled pharmacological treatments now? (tick box)

- ☐ Regular maintenance low dose ICS/LABA + reliever PRN
- ☐ Regular maintenance medium dose ICS/LABA + reliever PRN
- ☐ Regular maintenance high dose ICS/LABA + reliever PRN
- ☐ ICS/LABA/LAMA (single inhaler triple therapy)
- ☐ ICS/LABA + LAMA (multi inhaler triple therapy)
- ☐ Other

Did you adopt a step-down approach? ☐ Yes ☐ No

Did you adopt a step-up approach? ☐ Yes ☐ No

Did you refer the patient to a specialist? ☐ Yes ☐ No ☐ Already seeing specialist

## PATIENT 5 (CONTINUED)

Inhaler technique and adherence, and potential inhaler device polypharmacy (e.g. how often is inhaler technique checked? how many inhaler devices are used?)

Management of comorbidities (e.g. obesity, gastro-oesophageal reflux disease, obstructive sleep apnoea syndrome and other sleep disorders, osteoporosis, cardiovascular disease, diabetes, mental health, allergic rhinitis/rhinosinusitis and nasal polyposis)

Referral to specialist respiratory services

Plan of care (e.g. GP management plan, home medicines review with a consultant pharmacist)

Patient self-management (e.g. written action plan, fact sheets, online information)

## DEVELOPING A SYSTEMS-BASED APPROACH TO PATIENT SAFETY

Now that you have completed the program, what approach to patient safety will you implement to improve the quality of patient care in your practice in future (e.g. checklists, timeframes for recall and ongoing patient review)?

Identify three areas of improvement which are most important for your practice to address in regards to care of patients with asthma, and include the following actions:

Three areas of improvement which are most important for your practice to address:

How will these occur?

Who is responsible?

How will these be reviewed?

How will success be measured?

**Please rate to what degree the learning outcomes of the program were met:**

Evaluate the gaps between your practice and recommendations from the Australian Asthma Handbook.	Not met <input type="checkbox"/>	Partially met <input type="checkbox"/>	Entirely met <input type="checkbox"/>
Determine appropriate non-pharmacological strategies to provide optimisation of therapy in adult patients with asthma who are prescribed regular daily ICS/LABA combination.	Not met <input type="checkbox"/>	Partially met <input type="checkbox"/>	Entirely met <input type="checkbox"/>
Determine appropriate pharmacological strategies to provide optimisation of therapy in adult patients with asthma who are prescribed regular daily ICS/LABA combination.	Not met <input type="checkbox"/>	Partially met <input type="checkbox"/>	Entirely met <input type="checkbox"/>
Identify suitable resources for patients with asthma to enhance their ability to self-manage their condition.	Not met <input type="checkbox"/>	Partially met <input type="checkbox"/>	Entirely met <input type="checkbox"/>
Review changes that are required to improve the quality of care for patients with asthma in your practice.	Not met <input type="checkbox"/>	Partially met <input type="checkbox"/>	Entirely met <input type="checkbox"/>

**Please rate to what degree this CPD activity met your expectation about:**

<b>Content:</b> Current, contemporary, evidence-based, and relevant to general practice	Not met <input type="checkbox"/>	Partially met <input type="checkbox"/>	Entirely met <input type="checkbox"/>
<b>Delivery:</b> Engaging/interactive, e.g., with opportunity for questions and feedback.	Not met <input type="checkbox"/>	Partially met <input type="checkbox"/>	Entirely met <input type="checkbox"/>

Comments:

Would you likely recommend this CPD activity to a colleague?

☐ Yes ☐ No Why?

Would you likely change anything in your practice as a result of this CPD activity?

☐ Yes ☐ No Why?

Are more/different resources required for care of patients with asthma?

General comments and feedback:

**Quality improvement is an integral component of the RACGP CPD Program. If you have a concern about the quality of this activity, please submit your feedback online to your local RACGP office.**

## HOW TO SAVE AND SUBMIT THIS BOOKLET

**SAVE:** To save the Module as you go, click File > Save as > choose folder or desktop > Save

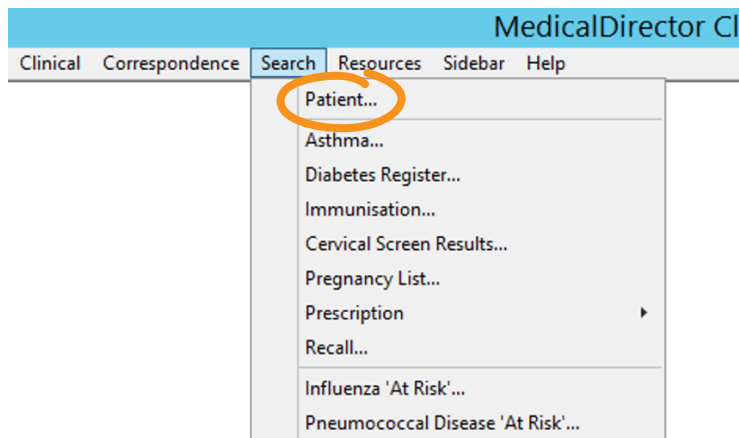
**SUBMIT:** Once the Module is completed, click the 'SUBMIT' button at the bottom corner of this page.  
Your responses will attach within your email browser ready to send.  
If you have any queries, please email [education@lateralconnections.com.au](mailto:education@lateralconnections.com.au)

Lateral Connections is the education provider. At Lateral Connections we comply with the National Privacy Principles. We may collect and store your personal information for the purposes of collating responses to the OPTIMISE program which may include disclosure to program sponsors, GSK or third parties for the purpose of processing and collating the information. This information will be used and disclosed only in accordance with our Privacy Policy and not for any other purpose unless required to do so by law. By registering for OPTIMISE, you consent to the use of your information in this manner.

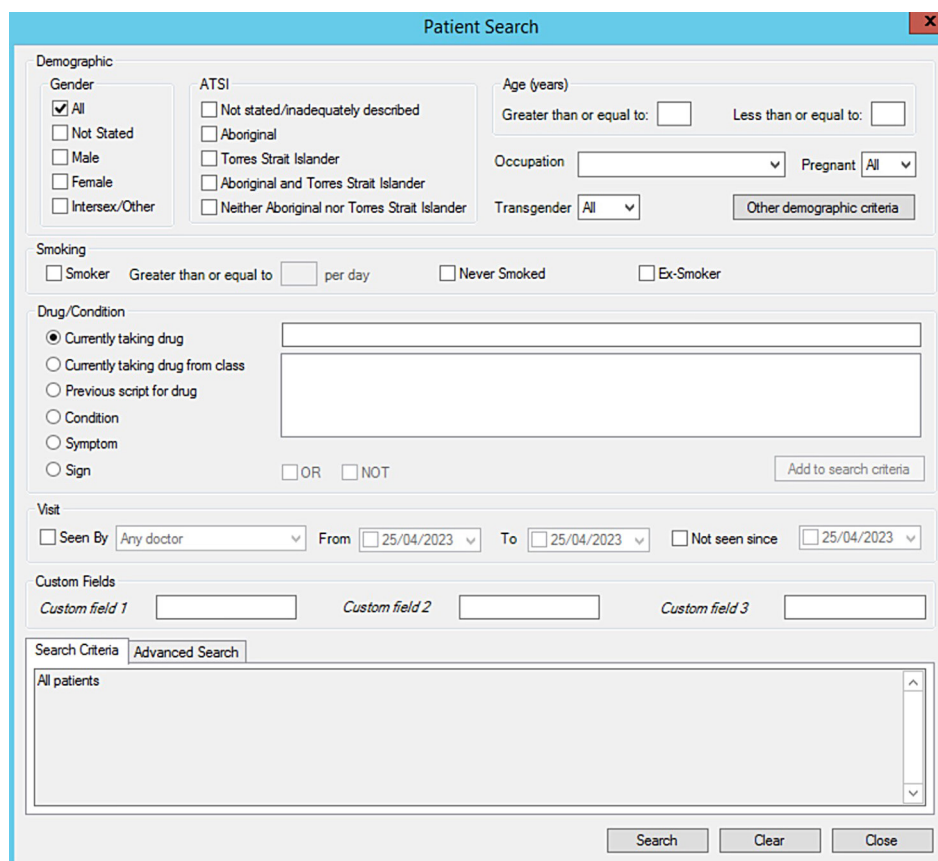
**For information on GSK products or to report an adverse event involving a GSK product, please contact GSK Medical Information on 1800 033 109.**



## Examples of search filters used on Medical Director:



Click on “Patient”

The screenshot shows the 'Patient Search' dialog box. It contains several sections for filtering patients: 'Demographic' (Gender, ATSI, Age, Occupation, Pregnant, Transgender), 'Smoking' (Smoker, Never Smoked, Ex-Smoker), 'Drug/Condition' (Currently taking drug, Currently taking drug from class, Previous script for drug, Condition, Symptom, Sign), 'Visit' (Seen By, From, To, Not seen since), and 'Custom Fields' (Custom field 1, Custom field 2, Custom field 3). There are also 'Search Criteria' and 'Advanced Search' tabs. At the bottom, there are 'Search', 'Clear', and 'Close' buttons.

This is the screen that pops up

### You can select Antiasthmatic – preventive

**Patient Search**

**Demographic**

Gender  
☒ All  
☐ Not Stated  
☐ Male  
☐ Female  
☐ Intersex/Other

ATSI  
☐ Not stated/inadequately described  
☐ Aboriginal  
☐ Torres Strait Islander  
☐ Aboriginal and Torres Strait Islander  
☐ Neither Aboriginal nor Torres Strait Islander

Age (years)  
 Greater than or equal to:  Less than or equal to:

Occupation  Pregnant

Transgender  Other demographic criteria

**Smoking**  
☐ Smoker Greater than or equal to  per day ☐ Never Smoked ☐ Ex-Smoker

**Drug/Condition**  
☐ Currently taking drug  
☒ Currently taking drug from class  
☐ Previous script for drug  
☐ Condition  
☐ Symptom  
☐ Sign

ANTIAS  
 Antiasthmatic - bronchodilators  
 Antiasthmatic - leukotriene antagonists  
 Antiasthmatic - preventive  
 Antiasthmatic and/or COPD preparations

☐ OR ☐ NOT

**Visit**  
☐ Seen By  From  To  ☐ Not seen since

**Custom Fields**  
 Custom field 1  Custom field 2  Custom field 3

**Search Criteria**

All patients

### OR select Seretide

**Patient Search**

**Demographic**

Gender  
☒ All  
☐ Not Stated  
☐ Male  
☐ Female  
☐ Intersex/Other

ATSI  
☐ Not stated/inadequately described  
☐ Aboriginal  
☐ Torres Strait Islander  
☐ Aboriginal and Torres Strait Islander  
☐ Neither Aboriginal nor Torres Strait Islander

Age (years)  
 Greater than or equal to:  Less than or equal to:

Occupation  Pregnant

Transgender  Other demographic criteria

**Smoking**  
☐ Smoker Greater than or equal to  per day ☐ Never Smoked ☐ Ex-Smoker

**Drug/Condition**  
☒ Currently taking drug  
☐ Currently taking drug from class  
☐ Previous script for drug  
☐ Condition  
☐ Symptom  
☐ Sign

SERET  
 Seretide  
 Sereton

☐ OR ☐ NOT

**Visit**  
☐ Seen By  From  To  ☐ Not seen since

**Custom Fields**  
 Custom field 1  Custom field 2  Custom field 3

**Search Criteria**

All patients

**Patient Search**

**Demographic**

Gender  
☒ All  
☐ Not Stated  
☐ Male  
☐ Female  
☐ Intersex/Other

ATSI  
☐ Not stated/inadequately described  
☐ Aboriginal  
☐ Torres Strait Islander  
☐ Aboriginal and Torres Strait Islander  
☐ Neither Aboriginal nor Torres Strait Islander

Age (years)  
Greater than or equal to:  Less than or equal to:

Occupation  Pregnant

Transgender  Other demographic criteria

**Smoking**  
☐ Smoker Greater than or equal to  per day ☐ Never Smoked ☐ Ex-Smoker

**Drug/Condition**  
☒ Currently taking drug  
☐ Currently taking drug from class  
☐ Previous script for drug  
☐ Condition  
☐ Symptom  
☐ Sign

SERET  
Seretide  
Sereton

Hold Ctrl or Shift and click to pick multiple  
☒ OR ☐ NOT

Add to search criteria

**Visit**  
☐ Seen By  Any doctor  From  1/05/2023  To  1/05/2023 ☐ Not seen since  1/05/2023

**Custom Fields**  
Custom field 1  Custom field 2  Custom field 3

Search Criteria  Advanced Search

All patients

Search Clear Close

then click Add to search criteria

## OR select Symbicort

**Patient Search**

**Demographic**

Gender  
☒ All  
☐ Not Stated  
☐ Male  
☐ Female  
☐ Intersex/Other

ATSI  
☐ Not stated/inadequately described  
☐ Aboriginal  
☐ Torres Strait Islander  
☐ Aboriginal and Torres Strait Islander  
☐ Neither Aboriginal nor Torres Strait Islander

Age (years)  
 Greater than or equal to:  Less than or equal to:

Occupation  Pregnant

Transgender  Other demographic criteria

**Smoking**  
☐ Smoker Greater than or equal to  per day ☐ Never Smoked ☐ Ex-Smoker

**Drug/Condition**  
☒ Currently taking drug  
☐ Currently taking drug from class  
☐ Previous script for drug  
☐ Condition  
☐ Symptom  
☐ Sign

Symbicort  
 Symdeko  
 Symmetrel  
 Symtuza  
 Hold Ctrl or Shift and click to pick multiple  
☒ OR ☐ NOT

**Visit**  
☐ Seen By  From  To  ☐ Not seen since

**Custom Fields**  
 Custom field 1  Custom field 2  Custom field 3

**Search Criteria**   
 All patients using Seretide

**Patient Search**

**Demographic**

Gender  
☒ All  
☐ Not Stated  
☐ Male  
☐ Female  
☐ Intersex/Other

ATSI  
☐ Not stated/inadequately described  
☐ Aboriginal  
☐ Torres Strait Islander  
☐ Aboriginal and Torres Strait Islander  
☐ Neither Aboriginal nor Torres Strait Islander

Age (years)  
 Greater than or equal to:  Less than or equal to:

Occupation  Pregnant

Transgender  Other demographic criteria

**Smoking**  
☐ Smoker Greater than or equal to  per day ☐ Never Smoked ☐ Ex-Smoker

**Drug/Condition**  
☒ Currently taking drug  
☐ Currently taking drug from class  
☐ Previous script for drug  
☐ Condition  
☐ Symptom  
☐ Sign

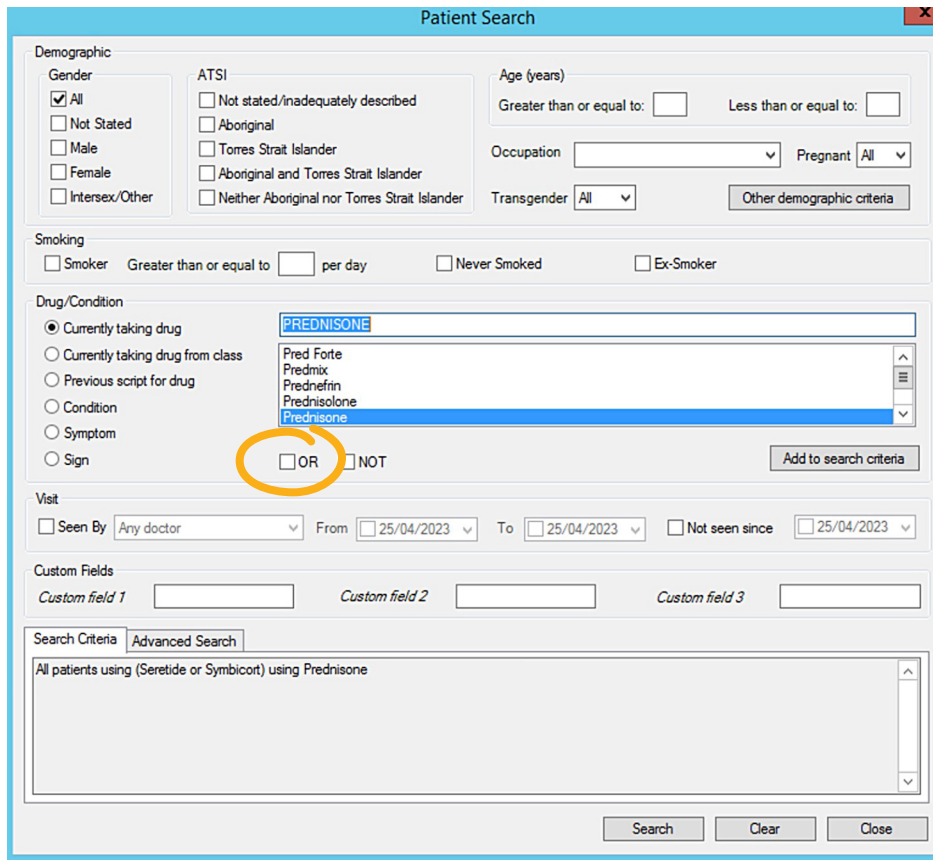
Symbicort  
 Symdeko  
 Symmetrel  
 Symtuza  
☐ OR ☐ NOT

**Visit**  
☐ Seen By  From  To  ☐ Not seen since

**Custom Fields**  
 Custom field 1  Custom field 2  Custom field 3

**Search Criteria**   
 All patients using (Seretide or Symbicort)

Then type Prednisone – ensure the “OR” button is not ticked



Please note – patients may be on prednisolone for many other conditions including but not limited to gout, arthritis, polymyalgia.

Also this does not capture instances where the patient was prescribed an oral steroid in hospital and the GP has not written a script for it. There is no easy way to search for recent hospitalisation due to exacerbation of asthma.

However you can search under “Condition” for Asthma – exacerbation, infective exacerbation then limit that search to 12 months, provided the individual patient history was updated with these exact search terms.