



Improving the Lives of Our Patients with Asthma: Asthma Interventions for Busy Pharmacists

A Product of the Minneapolis/St Paul Controlling Asthma in American Cities Project Pharmacy Workgroup
Primary authors: Molly Ekstrand, RPh, Don Uden, PharmD,
Other contributors: Jean Moon, PharmD, Angie Carlson, PhD

About the Program

“Improving the Lives of Our Patients with Asthma” was developed by the Controlling Asthma in American Cities Project (CAACP) staff and the CAACP Pharmacy Intervention Workgroup members. The CAACP project, a program administered by the American Lung Association of Minnesota, was supported through a cooperative agreement with the Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, under program announcement 03030. The curriculum is designed to provide community pharmacists with the knowledge and skills to provide education to their patients with asthma in the short time available in a busy pharmacy setting. The curriculum is delivered in one 2-hour session, covering the following content areas: current asthma statistics, overview of the asthma condition and guidelines, medications and roles (including the various rescue & controller products), demonstration of inhalers and devices, case studies, and discussion.

Recommended Presenters

In its delivery in the Minneapolis/Saint Paul area, the presenters for this curriculum are registered pharmacists with advanced experience and training in asthma, including certification by the National Asthma Education Certification Board as Certified Asthma Educators. The recommended qualifications of speakers for this curriculum would be a pharmacist with advanced training in asthma education, with a preference to certified asthma educators or those with superior expertise in asthma. When possible, it is also preferable that the speaker have experience working in or with community pharmacies. Dynamic speakers with good group discussion and facilitation skills are also recommended.

Target Audience

The intended audience is community pharmacists. While the curriculum could be adapted for use with pharmacists working in other settings, it is not suitable in its current form. The curriculum

has been delivered in partnership with pharmacy systems (e.g. Walgreens, Snyders, Target) with continuing education credit, which has facilitated recruitment of the community pharmacist.

In some cases, technicians have attended the program. Because the educational background of technicians differs significantly from the pharmacists with whom they work, the curriculum requires modification if technicians are in attendance. The role of the technician in assisting the pharmacist with asthma education must be clearly discussed and defined.

Recommended Setting

The curriculum has been delivered to groups of 10-25 pharmacists in a centrally located community site. When partnering with corporate pharmacy systems, the regional headquarters have served as the location for the training.

Evaluation Results

“Improving the Lives of Our Patients with Asthma” has been pilot tested, reviewed, and modified with extensive input from pharmacists working on the CAACP Pharmacy Intervention Workgroup. Additionally, it was reviewed by Paul Iverson, PharmD, with expertise in community pharmaceutical care, as well as professional and patient education around asthma. As of the Summer 2005, the program has been delivered 9 times to community pharmacists in the Minneapolis/St Paul area as well as Greater Minnesota. Based on a survey distributed to participants at the end of the training session, the program has been well-received. After the program, the majority of respondents reported an increase in knowledge about asthma and an increase in comfort level demonstrating inhalers and medication delivery devices. The majority of respondents felt confident in providing asthma education to their patients and reported a high commitment to provide education to their patients with asthma. Nearly all respondents felt the information presented would be useful in their practice. The evaluation findings for this project are specific to the setting, target audience, and content of the program as delivered by CAACP. The program may not have the same results if delivered in a different type of setting, to a different type of audience, or with modified content.

The evaluation of this program is on-going. We ask for your feedback as you deliver the program in your community. Please see attached “Program Reporting Form.”

Improving the Lives of Our Patients with Asthma: Asthma Interventions for Busy Pharmacists

Curriculum Goal: To provide community pharmacists with the knowledge and skills necessary to provide education to their patients with asthma in the short time available in a busy pharmacy setting.

Curriculum Objectives:

The "Improving the Lives of Our Patients with Asthma" program has the following objectives for pharmacists in attendance:

1. Become more familiar with asthma as a chronic, inflammatory condition.
2. Be able to discuss with patients the various asthma medications and the roles they play.
3. Become comfortable using and demonstrating all types of commonly used inhalers and assistance devices, such as spacers and "aerochamber" holding chambers.
4. Through the use of case studies, develop counseling and intervention strategies to improve our patients' and caregivers' knowledge and control of asthma.
5. Discuss opportunities to be more involved and future intervention strategies on the horizon.

Materials included:

- Curriculum Powerpoint presentation
- Curriculum Evaluation form
- Handouts (in electronic form) including:
 - 1) Copy of NHLBI Guidelines
 - 2) Sample Asthma Action Plan
 - 3) Inhaler Teaching Sheets
 - 4) Rules of Two and Asthma Teaching Points Card*
 - 5) Controller & Reliever Medication Picture Card*

* These are intended for print and lamination for each attendee to keep in their lab coat pocket for easy reference when working with patients.

Other Materials (not provided):

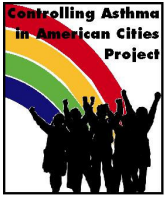
- Patient Education Toolkit – small box of placebo inhalers for patient instruction on proper technique
 - In our experience, this is a very important part of the curriculum.
 - We recommend contacting your local pharmaceutical representatives to obtain placebos for distribution to attendees.
 - If you are not able to obtain enough placebos for each person, be sure to provide time during the break for people to visit stations and practice with each of the inhaler devices. See the curriculum notes for more details.

- Asthma Resource Sheet - including programs or products available through the local American Lung Association Chapter (Contact your local chapter by calling 1-800-LUNG-USA)
- Prescription Assistance Program sheet
(Accessible at <http://www.alamn.org/InfoCenter/PrescriptionAssistance.asp>)
- Pharmacy Benefits Grid – this is only applicable in Minnesota. (Accessible at <http://www.alamn.org/InfoCenter/Medication.asp>)

Curriculum Content Focus & Session Timing

The presentation is approximately 120 minutes in length. The following outlines the content and approximate times for each topic :

- State the case: Current asthma statistics (5 minutes)
- Overview of the Asthma Condition and Guidelines (15 minutes)
- Medications and Roles (15 minutes)
 - Including: Controllers (ICS, LABA, LM) and Relievers (Albuterol, Maxair, Oral Corticosteroid bursts)
- Demonstrate Inhalers and Devices (20 minutes)
 - Albuterol, Flovent Aerosol and Spacer
 - Aerochamber, Inspirease
 - Maxair
 - Diskus
 - Pulmicort Turbuhaler
 - Foradil Aerolizer
- Break and Individual Inhaler Demos (10 minutes)
(length depends on whether demo stations are used)
- Case studies and Discussion (40 minutes)
 - New albuterol – Urgent Care
 - Frequent albuterol refiller
 - New Controller Rx
 - ER Steroid burst
 - OTC Cough Syrup
- How to navigate the health plans – information for pharmacists (10 minutes)
- Wrap-up – Get more involved and future directions (5 minutes)



Improving the Lives of Our Patients with Asthma: Asthma Interventions for Busy Pharmacists

Controlling Asthma in American Cities Project - Minneapolis & Saint Paul

Speakers' Notes

1. Improving the Lives of our Patients with Asthma...	
Slide Description	Title Slide
Materials or Handouts	Name tags, if desired.
Speakers Notes	Provide introductions. Give credit to any sponsoring or participating organizations.

2. Definition of Asthma	
Slide Description	Description of Asthma as a chronic, inflammatory condition of the lungs
Materials or Handouts	None
Speakers Notes	Review the definition and symptoms of asthma. Explain that airway obstruction is reversible, though recent evidence suggests that some asthmatics may have irreversible remodeling in their airways due to untreated inflammation.

3. Pathologic Airway Changes in Asthma	
Slide Description	Picture of airway changes in asthma
Materials or Handouts	None
Speakers Notes	Describe the three changes that occur in the airways for uncontrolled asthma: 1) The mucous glands become enlarged and produce more mucous to block the airways. 2) There is inflammatory cell involvement which includes vascular dilation and edema. Overtime this can cause epithelial damage and a thickening of the basement membrane tissue. 3) The airway smooth muscle constricts causing the airway to narrow further.

4. Percent of US Population with Asthma	
Slide Description	Graphic depiction of the prevalence of asthma in the US over time.
Materials or Handouts	None
Speakers Notes	Indicate that asthma is on the rise, especially with children. From a public health perspective, it is imperative that we, as health care professionals, step-up and help our patients.

5. Goals of Asthma Therapy	
Slide Description	Goals of asthma therapy as laid out by the NHLBI guidelines
Materials or Handouts	None.
Speakers Notes	Review the goals of asthma therapy on the slide. These are outlined in the NHLBI <i>Guidelines for Diagnosis and Management of Asthma</i> .

6. Rationale for Pharmacological Therapy	
Slide Description	Underlying cause and key principle of therapy for asthma
Materials or Handouts	None.
Speakers Notes	Review the information on the slide. Emphasize that the key take away message is: INFLAMMATION, INFLAMMATION, INFLAMMATION!

7. 1997 & 2002 NAEPP Guidelines Classification of Asthma Severity	
Slide Description	Categories of asthma severity from the NHLBI/NAEPP Guidelines
Materials or Handouts	Refer participants to the copy of the NAEPP <i>Guidelines for the Diagnosis and Management of Asthma</i> provided in their packet for more information.
Speakers Notes	Explain that all asthma patients should be classified by their provider into one of these four categories of severity.

8. Stepwise Approach to Asthma Therapy	
Slide Description	Step up & step down approach to treating asthma.
Materials or Handouts	None
Speakers Notes	Providers may choose to either Step-up or Step-down. Generally if a patient has been in urgent care or hospitalized the provider may choose to start with high doses and then work down as the patient stabilizes. If the patient is in no immediate danger the provider may elect to do step-up therapy until the patient stabilizes. The steps of therapy are based on the 4 categories of asthma severity.

9. Classifications of Asthma Severity: Clinical features before Treatment	
Slide Description	Chart of clinical features and corresponding severity level.
Materials or Handouts	None
Speakers Notes	Walk participants through the chart. Remind them that severity is classified by the most severe feature. Define the following terms: PEF means Peak Expiratory Flow & FEV1 means Forced Expiratory Volume in 1 second. PEF or FEV1 is measured as a percent predicted based on the patient age and height. You do not need PEF or FEV1 to classify a patient. Can be done with only daytime and night time symptoms.

10. Medications	
Slide Description	List of asthma medications: controllers and relievers
Materials or Handouts	None.
Speakers Notes	Review the list of medications. Describe that they are listed in order of clinical importance in treating asthma.

11. Methods of Medication Delivery	
Slide Description	List of different methods of medication delivery for asthma medications.
Materials or Handouts	None.
Speakers Notes	These should all be very familiar to pharmacists.

12-16. Steps of Asthma Treatment for Adults and Children over 5 years of Age	
Slide Description	Steps of treatment based on severity level, including the medications for each.
Materials or Handouts	None.
Speakers Notes	Review each Step. Again, each step is described in the NHBLI <i>Guidelines</i> for more information. Step 3 (Slide 15), recurring severe exacerbations are defined as an urgent care or ER visit two or more times in a year for asthma exacerbation. Reinforce that inhaled corticosteroids are the preferred therapy for persistent asthma.

17. Overview of Asthma Medications: Controllers	
Slide Description	List of categories of controller medications and the names of medications in each category
Materials or Handouts	None
Speakers Notes	Review each category of medication. Emphasize that corticosteroids are the only meds that will both prevent and treat inflammation.

18&19. Controller: Corticosteroids	
Slide Description	List of inhaled corticosteroid products & picture of some of products
Materials or Handouts	None
Speakers Notes	Review list of inhaled corticosteroids. Medications highlighted in blue are those most commonly prescribed

20 & 21. Inhaled Corticosteroids	
Slide Description	Description of the benefits and effects of using inhaled corticosteroids.
Materials or Handouts	None.
Speakers Notes	Review each of the benefits and effects of inhaled corticosteroids. Emphasize that they are the most effective long-term controller for patients with persistent asthma.

22 & 23. Estimated Comparative Dosages of Inhaled Corticosteroids	
Slide Description	Description and chart of comparative doses.
Materials or Handouts	None
Speakers Notes	Not all inhaled corticosteroids deliver the same dose per puff. It is interesting to look at the dose ranges for the various inhalers. Ask audience if they are surprised by any of the dosages? Have they seen doses in the high dose range? This chart is also in the NHLBI <i>Guidelines</i> .

24. Systemic Effects & Inhaled Steroids	
Slide Description	List of potential systemic side effects of inhaled steroids
Materials or Handouts	None.
Speakers Notes	Review information on slide. Define for the audience that susceptible persons may include the elderly, immune compromised, and children. Ask if anyone can explain some of the effects of adrenal suppression that we may pick up on in the community setting? (flu-like symptoms: nausea, loss of appetite, fatigue)

25. Inhaled Steroids and Effect on Linear Growth	
Slide Description	Information on the effect of inhaled steroids on growth in children.
Materials or Handouts	None.
Speakers Notes	Review the content on the slides. This is a common concern for parents. Let participants know that it's important to understand this in order to explain it to parents. Always point out to parents that if their child is not getting adequate oxygen, that this will also impact their growth – probably more than the medication!

26 & 27. Corticosteroids Systemic Effects	
Slide Description	Distinction between Inhaled versus IV/Oral Side Effects
Materials or Handouts	None.
Speakers Notes	Emphasize that inhaled steroids have much fewer side effects compared to oral or IV steroids. Slide 27 reviews the differences between the two types.

28 & 29. Controllers: Long Acting Beta-2-Agonists	
Slide Description	Pictures and descriptions of Long Acting Beta Agonists available
Materials or Handouts	None.
Speakers Notes	Review the two common long acting Beta agonists on the market. Describe indications and advantages of these products.

30 & 31. More on Long Acting Beta Agonists & Serevent Black Box Warning	
Slide Description	Limitations of products and Serevent black box warning.
Materials or Handouts	None
Speakers Notes	Describe the situations in which use of these products is not appropriate. Ask audience if they have heard the media hype about Serevent still being on the market. Explain that the media attention is based on the results of the SMART (Salmeterol Multicenter Asthma Research Trial) study that was halted in late 2002. There were nearly 26,000 people in this study. There was a higher number of Asthma related events – including death- with patients taking salmeterol vs. placebo. Important to note however is that only 47% of the people were using an inhaled corticosteroid. In the patients that were taking ICS, there was no significant difference in asthma events over placebo. In the patients using salmeterol as monotherapy – there WAS an increase in events. Serevent still has a place in therapy for patients, however. The exact language on the Serevent black box warning is provided here.

32 & 33. Controllers: Leukotriene Modifiers	
Slide Description	Indications for Leukotriene modifiers and common products in this category
Materials or Handouts	None
Speakers Notes	Review the indications for Leukotriene modifiers. On the list of products, Singulair is highlighted because it is the most used. Ask the audience if they have seen any of the other products dispensed in their pharmacy. You may mention that Singulair provides a nice adjunct for kids who may have trouble using an MDI because it is available in chewable tablets and granules that can be sprinkled on carrots, applesauce, ice cream, and rice.

34. Leukotriene Modifiers: Montelukast	
Slide Description	More detail on Montelukast (Singulair)
Materials or Handouts	None.
Speakers Notes	Review the information about dosing and usage of Montelukast.

35&36. Relievers: Short-Acting Beta-2-Agonists	
Slide Description	List and pictures of the available Short Acting Beta-2-Agonists
Materials or Handouts	None.
Speakers Notes	Review the list and pictures of products in this category. Those highlighted in blue are most commonly prescribed.

37. Relievers: Short-Acting Beta-2-Agonists	
Slide Description	More information about Short Acting Beta-2-Agonists
Materials or Handouts	None.
Speakers Notes	Review the details of this group of drugs. Emphasize that they are for quick relief of bronchospasm. These drugs do not relieve the swelling and mucus production. We may use these scheduled when in the Yellow or Red Zone following the Asthma Action Plan directions, but generally only use PRN.

38. Relievers: New Short-Acting Beta-2-Agonists	
Slide Description	Information about new drug Xopenex
Materials or Handouts	None.
Speakers Notes	Review the information about Xopenex. Explain that regular albuterol contains both the R and S isomer (racemic mixture). Only the R-isomer is active, however. This product is being marketed as having fewer side effects because it is only providing the active form. It may be a useful product for ER/Urgent Care admissions when the person has been using Albuterol regularly. R-Isomer may have greater affinity for the receptor and will kick out the inactive S-isomer that may have filled the lungs with the constant use or racemic albuterol. It is very expensive. While it may be effective for some patients, many expert opinions feel that it is not worth the price.

39. Relievers: Short Acting Beta Agonist Side Effects	
Slide Description	List of side effects caused by Short-Acting Beta Agonists
Materials or Handouts	None.
Speakers Notes	Review the list of side effects. Side effects are related to the pharmacology of these agents. Stimulation of beta 2 receptors and in high doses beta 1 receptors. Patients should always use correct inhaler technique for maximum benefit

40 & 41. Relievers: Systemic Corticosteroid Burst Therapy	
Slide Description	Description of use of burst therapy to relieve inflammation
Materials or Handouts	None.
Speakers Notes	Review indications for burst therapy of systemic corticosteroid. Explain that tapering is not required if the course is only for 10 days or less.

42. Asthma Action Plan	
Slide Description	Description of Asthma Action Plan
Materials or Handouts	Example Asthma Action Plan from Packet
Speakers Notes	Walk audience through the sample plan. Explain that, as pharmacists, they can quickly intervene by asking our patients if they have a plan and suggest that they work with their doctor to put one together. They are very helpful for even the most knowledgeable patients. If you want to get more into education – you can help patients design these plans too.

43. Indicators of Poor Asthma Control	
Slide Description	Description of when to step-up therapy
Materials or Handouts	None
Speakers Notes	Review the instances when a provider should step up therapy for patients because their asthma is not well controlled.

44. Rules of Two	
Slide Description	List of Rules of Two
Materials or Handouts	None
Speakers Notes	Review the Rules of Two from Baylor Healthsystem related to use of rescue medicine. These are great questions that pharmacists can quickly ask to get patient's thinking about their asthma control.

45. Indicators of Poor Asthma Control (2)	
Slide Description	Assessments before increasing medication
Materials or Handouts	None
Speakers Notes	Explain that there may be reasons other than the effectiveness of the medication contributing to increased asthma symptoms. The four items on this slide should be ruled out before a provider steps up therapy for a patient with asthma.

46. Monitoring Pharmacotherapy	
Slide Description	Considerations for monitoring when patient is on asthma therapy
Materials or Handouts	None
Speakers Notes	Review the list of considerations for patients on asthma medication. Any of these items may need to be addressed in order for a patient to achieve good asthma control.

47. Over-the-Counter Medications	
Slide Description	Description of over-the-counter medications used for asthma
Materials or Handouts	None
Speakers Notes	Review the list of possible medications that individuals may purchase over-the-counter to treat asthma symptoms. Emphasize to audience that if they see ANY patient buying OTC meds for asthma management, urge them to get a prescription. OTC meds can be dangerous not only because of their side effects but because we are not treating the inflammatory component of asthma.

48. Teaching Proper Inhaler Use	
Slide Description	Criteria for successful use of MDIs
Materials or Handouts	None
Speakers Notes	Each of these elements should be present for successful use of metered dose inhalers.

49. Incorrect Inhaler Technique	
Slide Description	Studies describing incorrect inhaler use
Materials or Handouts	None
Speakers Notes	Share the results of these two studies evaluating inhaler use by patients and health care professionals. Encourage participants to think about this. Even the teachers of inhaler technique do not know how to do correctly use the inhaler.

50. Replacement/Refill for Metered Dose Inhalers	
Slide Description	Studies describing incorrect inhaler use
Materials or Handouts	None
Speakers Notes	Convey to the audience that the tricks they may have learned are no longer correct. With the various volumes of liquid in the canisters, different inhalers may float when full. Also, you may feel a little liquid still in the canister, but it may just be the propellant and not medication. Review the other strategies on the slide for estimating doses remaining.

51. Spacers and Holding Chambers	
Slide Description	Description of spacers and holding chambers
Materials or Handouts	(optional) Use placebo MDI and spacer to demonstrate points on this slide
Speakers Notes	Review the benefits of spacers. Emphasize that medication comes out of aerosol canisters at roughly 60 MPH! Spacers are not just for children and the uncoordinated! Pharmacists should always encourage patients to use a holding chamber with their aerosol inhaler. They are the best. However, if a patient doesn't want to pay the \$30 (or more) because their insurance won't pay for the chamber, then give them a blue tube. The American Lung Association of Minnesota is working with health plans to eliminate the coverage issue for the chambers.

52. Medication Delivery Demonstrations	
Slide Description	List of inhalers and delivery devices to demonstrate to audience
Materials or Handouts	Placebo inhaler toolkits, Inhaler teaching sheets
Speakers Notes	Direct audience to the demonstration sheets included in their packets. Ask them to follow along as you demonstrate each inhaler. After each demonstration, ask the audience to return the demonstration and practice with their own placebos. (If placebos are not available for each participant, allow for this during the break.) Emphasize that every participant should become comfortable with each device. Pharmacists will be much more likely to demonstrate the inhalers to their patients when they are comfortable using them themselves!

53. Break Time	
Slide Description	Placeholder slide for stretch and bathroom break
Materials or Handouts	Set out stations of inhalers if placebo toolkits are not available for each attendee
Speakers Notes	<p>If placebo kits are not available for every participant, use break time to visit placebo inhaler stations for participants to practice. You may need to allow more time (20 minutes) for this activity. Be sure to have extra disposable mouthpieces for everyone and/or provide spacers to each person that can be used with one MDI.</p> <p>It is NOT recommended that everyone put their mouth on the same inhaler. If separate mouthpieces are not available, allow everyone to practice with the inhaler without putting it up to or into their mouth.</p>

54. Why Should Pharmacists Provide Asthma Education	
Slide Description	Reasons why pharmacists should provide education
Materials or Handouts	None
Speakers Notes	Review each of the reasons listed. Emphasize to your audience that pharmacists need to step up to the plate to provide interventions. We see these patients all of the time!! We need to be more of a part of the health care team. These points on the slide here are no-brainers to us. We need to convince the rest of health care that this is true.

55. Assess Reasons for Poor Asthma Control	
Slide Description	ICE – three reasons for poor asthma control
Materials or Handouts	None
Speakers Notes	Review the three common reasons for poor asthma control. Each of these three can be easily assessed by a pharmacist in a short time.

56. Community Pharmacy Case Scenarios	
Slide Description	Cover slide for case scenarios
Materials or Handouts	Pocket cards
Speakers Notes	<p>Explain that the following cases are straight out the pharmacy. Many will be very familiar to the audience. They were designed to show how to make a difference in a life – QUICKLY. They are not difficult – you just need some tools. Each participant has pocket cards in their packet. These were created to keep in a smock pocket. There were laminated to prevent from being crumpled. They will help the audience start conversations with patients and provide some quick talking points about asthma.</p>

57. Thought Process for Case Studies	
Slide Description	Questions to consider for each case study
Materials or Handouts	None
Speakers Notes	<p>Explain to audience that for each case, they should be thinking along these lines.</p> <p>What types of questions can you ask this patient to quickly get to the issues without putting the patient on the defensive?</p> <p>From the patient’s answers, what can you determine are the issues or what is your assessment?</p> <p>What information can we provide quickly to the patient to help them or to get them interested in caring for their asthma better?</p>

58. Case: Urgent Care – New Albuterol	
Slide Description	Case Study #1
Materials or Handouts	None
Speakers Notes	<p>Review the case with the audience. Then use the following questions/answers to guide the discussion.</p> <p>- What will you ask this patient?</p> <p>Did your primary care provider get a chance to show you how to use your inhaler?</p> <p>Can I run through it with you quick? (Even if someone showed him how to use it – don’t assume they showed them correctly! Even if they did, it never hurts to have it repeated. And now that everyone is comfortable using the inhalers... it should be easy – RIGHT?)</p> <p>Would you like a spacer? And then explain why it will help deliver the medication.</p> <p>Do you have plans to follow-up with your regular care provider?</p> <p>Go through the Rules of Two and how to know if this should be treated as more than an Upper Resp. Infection Go through use of controller medication especially if this happens every spring. Could prevent the Urgent Care Visit.</p>

59. Case: Frequent Albuterol Refiller	
Slide Description	Case Study #2
Materials or Handouts	None
Speakers Notes	<p>Review the case with the audience. Ask them how many have seen this one before? This is likely a very common situation for community pharmacists, only the patient usually isn't that nice about paying cash. Guide the audience through the following questions/answers.</p> <p>What types of questions would you ask?</p> <p>'Are you really going through this much albuterol?'</p> <p>This is a good question to use. It doesn't make the patient defensive generally. You ask it in a caring sort of way. Yes, aside from the insurance issue, you are showing concern for her health. Also she may reply that she forgot it at the cabin or school or something. Perhaps she's getting it for a friend that doesn't have insurance.</p> <p>'I notice the Advair on your file hasn't been filled in a while, Have you been getting it somewhere else?'</p> <p>or</p> <p>'I notice you've got Advair on your file, Would you like me to fill it for you?'</p> <p>You give the patient an 'out' without making them defensive.</p> <p>How comfortable are you using your inhaler? Would you like me to offer suggestions? – We can do it quickly!</p> <p>Let's assume that she is using this much albuterol for trouble breathing. What types of things would you tell her?</p> <p>Tell her about the difference between reliever and controller medication. Regular use of controller medication will prevent the breathing trouble by reducing and preventing inflammation. Many patients may get frustrated with controllers because oftentimes they DON'T notice an improvement right away.</p> <p>Explain that the albuterol is not working as well or at all right now because there is so much inflammation in her lungs. There is no place for her lungs to expand with all of that inflammation.</p> <p>Ask her if she has an Asthma Action Plan. Explain that one will help her control her asthma better. Many times patients don't know about them or that they should expect one from their health care provider.</p> <p>Ask her when she saw her primary care provider last? Her REGULAR care provider that treats her asthma! Explain that she needs to see her care provider VERY SOON to treat the inflammation. She should start back on her Advair but now she probably needs oral prednisone to treat the inflammation.</p> <p>Promise her that she will feel so much better when her lungs are rid of the inflammation. She doesn't realize how miserable she is now. Ask her to keep you updated. You may be surprised but patients will update you – and thank you!</p>

60. Case: New Controller Prescription	
Slide Description	Case Study #3
Materials or Handouts	None
Speakers Notes	<p>Review the case with the audience. Use the following to guide your discussion:</p> <p>What types of questions would you ask mom?</p> <p>Has your son ever used the inhaler with a spacer before? Go through benefits of using a spacer and even if he is coordinated explain the 65MPH force of the inhaler and how using a spacer will reduce side effects. Demonstrate the inhaler and spacer combo.</p> <p>What are your concerns with your son taking a medication daily?</p> <p>Steroid use? Explain the medication has been proven safe in studies that followed children for 10+ years. It's not the kind of steroid that the baseball players use and won't effect his reproductive ability in the future.</p> <p>Slowed or stunted growth? Explain that uncontrolled asthma can stunt a child's growth by depriving the body of oxygen. Tell her that the studies have shown that inhaled corticosteroid use can slow the growth, but children reach their predicted height eventually. And point out that LOT OF THINGS can affect height – nutrition, environmental hazards, for example.</p> <p>Explain to her that her son should be able to do the things every child is doing. He should be able to play sports and run with other kids. Asthma shouldn't limit his life.</p> <p>Explain the 'Rules of Two' and that if her son ever feels limited they should see his care provider for better control of his asthma.</p>

61. Case: ER Steroid Burst	
Slide Description	Case Study #4
Materials or Handouts	None
Speakers Notes	<p>Review the case with the audience. Use the following to guide your discussion:</p> <p>What types of questions would you ask her?</p> <p>Sure I can fill your albuterol, Are you using any other inhalers for your breathing? (You can't assume you are her only pharmacy or that she isn't getting samples.) Explain the difference between controller and reliever medication and how regular use of a controller will prevent inflammation in her lungs.</p> <p>Ask her when she plans to follow-up with her care provider. Explain the importance of a relationship with her care provider and getting treatment for her asthma – more than just the emergency room.</p> <p>Ask if she has an asthma action plan.</p>

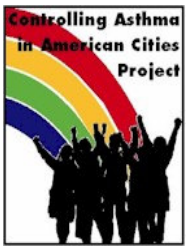
62. Case: OTC Cough Syrup	
Slide Description	Case Study #5
Materials or Handouts	None
Speakers Notes	<p>Review the case with the audience. Use the following to guide your discussion:</p> <p>Ask if he still has his albuterol and how often he uses it.</p> <p>Offer to demonstrate proper technique.</p> <p>Has he ever been evaluated for asthma?</p> <p>Did he have the same kind of cough last spring? Possibly spring allergens that might be triggers for him, irritating his lungs and causing inflammation. Suggest that he may have some inflammation in his chest that needs to be looked at.</p> <p>He should follow-up with a regular medical provider within the next week – not an urgent care. Patients tend to slip through the cracks when ‘followed’ by urgent cares. His case isn’t really that Urgent.</p>

63 & 64. Summary: Counseling Questions	
Slide Description	Summary of questions to use in quick counseling questions
Materials or Handouts	None
Speakers Notes	<p>Review these questions with your audience. These are many of the questions you just used as you were going through the case studies. Explain that when we show concern for the patient’s health and don’t put them on the defensive these questions really work. You will be amazed at how patients will respond to you for caring. They will tell you when they feel better and thank you!</p>

65. How To Navigate Health Plans	
Slide Description	Tools and resources for navigating health plans
Materials or Handouts	Handout on Prescription benefit coverage for health plans in Minnesota
Speakers Notes	<p>While dealing with health plans can be challenging for pharmacists, explain to your audience that some resources exist to help them. In Minnesota, the Controlling Asthma in American Cities Project has developed a grid of pharmaceutical benefit coverage. This project is also working with health plans and the Department of Human Services to reduce some of the barriers for patients in accessing the medications they need.</p> <p>NOTE: If you are presenting this outside of Minnesota, there may be a more appropriate resource for you to use. Also consult your local American Lung Association to learn about resources they have available.</p>

66. <i>Becoming a Certified Asthma Educator</i>	
Slide Description	Description of Asthma Educator Certification
Materials or Handouts	None
Speakers Notes	<p>Explain to participants that the certification program exists. Some health plans are starting to reimburse for asthma education. For these cases, I wouldn't call a 2-minute intervention 'Education.' But if you start developing Asthma Action Plans and self-management training you should get paid for it! The American Lung Association of Minnesota offers an Asthma Educator Certification Course twice per year to help in preparing individuals to take the national exam.</p> <p>For those outside of Minnesota, consult your local American Lung Association for information about similar preparatory courses in your area.</p>

67. <i>Want to be More Involved?</i>	
Slide Description	Encouragement slide for participation in local programming
Materials or Handouts	Resource sheet for local asthma programs and events
Speakers Notes	<p>In Minnesota, the American Lung Association has a number of programs around asthma. They are always looking for more volunteers and active pharmacist participation. This includes the Controlling Asthma in American Cities Project in Minneapolis and Saint Paul, and the Minnesota Asthma Coalition statewide. Use this as an opportunity to recruit pharmacists to your local initiatives as well.</p>



Improving the Lives of Our Patients with Asthma: Asthma Interventions for Busy Pharmacists and Technicians

Program Reporting Form

As you deliver the *Improving the Lives of Our Patients with Asthma: Asthma Interventions for Busy Pharmacists* program in your community, we ask that you provide us with your feedback. After you have delivered this program, please complete this form and send it to us at the address provided below.

1. How many times have you implemented this program? In what type setting? Who was your target audience?
2. How many participants attended each session?
3. Based on your evaluation methods, please describe the success of your program.
4. What problems or issues did you encounter in delivering the program?
5. In your experience delivering this program, do you have any recommendations for changes or modifications to the curriculum? If yes, please describe.