

Asthma APGAR Abstract

Moving research into practice is a slow and often difficult task. For example, asthma is a common condition seen in family physicians offices especially in inner city and rural poverty areas. National evidence-based guidelines for asthma management were published in 1991 and updated in 1997 and 2002. Yet, in 2002, fewer than half of asthma patients appear to have care based on or consistent with those guidelines. Primary care physicians have identified several barriers to implementation of asthma guidelines including confusion regarding severity scoring that is the basis for treatment, monitoring and follow-up decisions

The 1991 publication of the empirically developed asthma severity index was the first step in asthma TRIP using an evidence based approach. Since 1991, the severity index has been a part of many other TRIP efforts in asthma. However, most previous projects assume the presence of a severity score as the first step in TRIP but fail to include specific methods or programs to help the physician or practice identify and collect the elements required to determine a severity score.

Asthma Apgar
A ---Activity limitation documented?
P ---Persistence of symptoms documented?
G ---Tri GG ers mentioned?
A ---Asthma medications documented?
R --- Response to therapy documented?

Fewer than 25% of medical records from asthma visits include the elements of the asthma-related history and physician examination required to score asthma severity. This gap in documented care is the basis for the practice asthma Apgar. This project will collaborate with rural PBRN physicians using participatory action research to modify and validate the asthma Apgar developed by the principal investigator. The practice asthma Apgar is used to provide targeted feedback to physicians and practices to guide asthma TRIP activities. After assuring face validity, we will assess the effectiveness of the practice asthma apgar in helping practices identify asthma care gaps and develop simple implementable solutions for those gaps. Finally, we will evaluate the potential of spreading use of the tool to other rural practices.