A Primary Care Severe Asthma Registry and Education Program

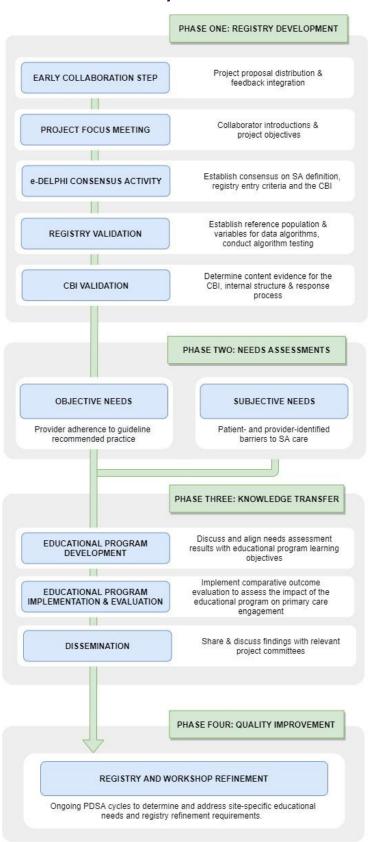
I. References

- 1 Global Initiative for Asthma. Global Initiative for Asthma: Global strategy for asthma management and prevention (Updated 2020). Revue Francaise d'Allergologie et d'Immunologie Clinique Published Online First: 2020. doi:10.1016/S0335-7457(96)80056-6
- 2 Lougheed MD, Lemiere C, Ducharme FM, et al. Canadian Thoracic Society 2012 Guideline Update: Diagnosis and Management of Asthma in Preschoolers, Children and Adults: Executive Summary. Canadian Respiratory Journal 2012;19:e81–8. doi:10.1155/2012/214129
- 3 Price D, Bjermer L, Bergin DA, et al. Asthma referrals: A key component of asthma management that needs to be addressed. Journal of Asthma and Allergy. 2017. doi:10.2147/JAA.S134300
- 4 UTOPIAN Database Report: 2019Q1 data cycle.
- 5 Rayens MK, Hahn EJ. Building Consensus Using the Policy Delphi Method. Policy, Politics, & Nursing Practice 2000;1:308–15. doi:10.1177/152715440000100409

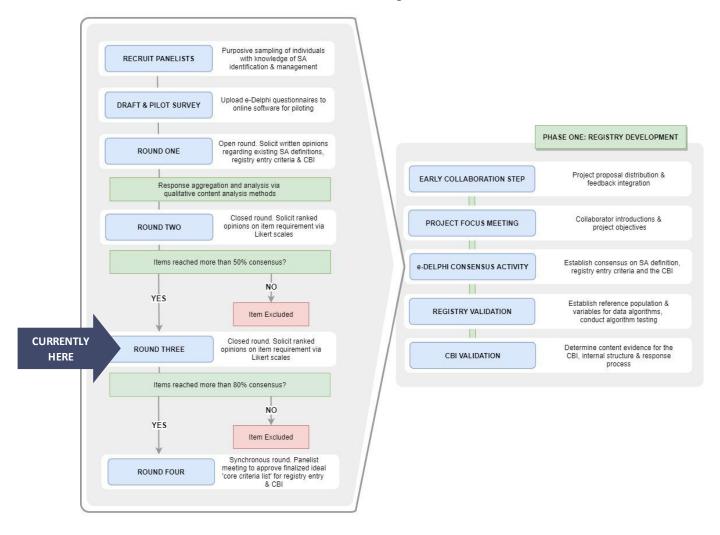
II. Components of the Clinician Behaviour Index Under Consideration

ITEM	DESCRIPTION
1	A record of severe asthma diagnosis.
2	A record of instances when inflammatory markers are ordered to assess severe asthma.
3	A record of upward titration of asthma medications or loss of asthma control with downward titration. (i.e., escalating from inhaled corticosteroid (ICS) monotherapy to ICS plus long acting bronchodilator-[B_2 -agonist (LABA) or antimuscarinic (LAMA)], or from ICS/LABA or LAMA to ICS/LABA/LAMA or any other form of escalation in keeping with Canadian/GINA asthma guideline/strategy).
4	A record of asthma control (ACT or ACQ), the need for emergency room care, hospitalization, frequent visits to medical clinics, use of oral prednisone, and loss of productivity related to work or school and reduced lung function.
5	A record of variable airflow obstruction (i.e., either simple spirometry or methacholine).
6	A record of personalized asthma action planning.
7	A record of exacerbation information (i.e., frequency, duration etc.).
8	A record of inhaler review/education.
9	A record of excluding incorrect diagnosis of asthma due to alternative conditions such as inducible laryngeal obstruction, cardiac failure or lack of fitness.
10	A record of excluding comorbidities and complicating conditions such as rhinosinusitis, gastroesophageal reflux and obstructive sleep apnea.
11	A record of excluding ongoing exposure to sensitizing or irritant agents.
12	A record of referral of patients to specialists (i.e., respirologist/allergist/other) for suspected severe asthma
13	A record of primary care provider follow-up based on referral recommendations.
14	Other (as specified by participants in the open e-Delphi round)

III. PCSAR-EDU Project Overview



IV. PCSAR-EDU Phase One Overview and Progress

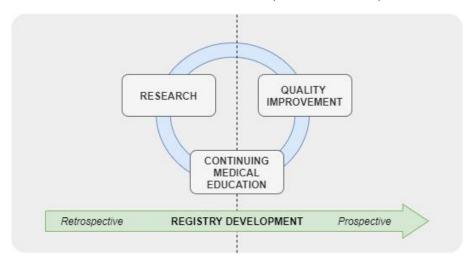


V. Project Governance Structure

COMMITTEE	ROLE	MEMBERS
PCSAR-EDU Steering Committee (SC)	Project direction and oversight. Democratic decisions on PCSAR-EDU-related research projects in partnership with UTOPIAN-SAC.	 Scientific leads Co-investigators Advisors (specialist, education, patient representatives) Industry members Education scientist
UTOPIAN Scientific Advisory Committee (SAC)	In partnership with PCSAR-EDU SC members, provides scientific decisions about projects, initiatives and site-specific project facilitation.	 14 site representatives Key members of the DFCM programs Patient & community members
PCSAR-EDU Patient Advisory Committee	Project advice on identifying unmet needs related to patient care and clinical research.	 Patients and family members with experience of severe asthma
UTOPIAN Respiratory Health Working Group	Academic partner providing methodological advice and research priority oversight. Promotes primary care leadership in Respiratory Health. Promotes the use of big data for research.	 Researchers, clinicians and graduate/medical trainees with a special interest in respiratory health
PCSAR-EDU Education, Quality Improvement & Implementation Committee (EQIIC)	Provides guidance on the identification and implementation of site specific education-based QI initiatives.	 Experts in quality improvement, education development and research

Note. DFCM: Department of Family and Community Medicine; QI: Quality Improvement.

VI. PCSAR-EDU Clinician Behaviour Modification Cycle Schematic Representation.



VII. Authors and Associations

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