



Asthma Care Resources Guide

National Asthma Council Australia

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Introduction

This document is a guide for asthma educators, GPs and other health professionals to the health system resources available for asthma management.

The guide is divided into General Resources and Resources for Priority Groups. These priority groups include:

- Aboriginal and Torres Strait Islander people
- Culturally and linguistically diverse communities
- People living in rural and remote regions
- Older Australians
- Children.

Information in this guide is based on the *Asthma Care Models* project report, prepared by the National Asthma Council Australia (NAC) for the Department of Health and Ageing, 2007.

General Resources

There are important aspects in the provision of primary care to people with asthma that should be adhered to across all population groups.

The two most important resources for asthma management are the Asthma Cycle of Care (formerly Asthma 3+ Visit Plan) and the *Asthma Management Handbook*. A number of other generally applicable resources are also widely available.

Some individual initiatives have been successfully trialled in smaller populations and provide insight into potential future interventions and programs.

Asthma Cycle of Care

The Asthma Cycle of Care (formerly Asthma 3+ Visit Plan) is a government initiative designed to help general practice incorporate components of best practice into care for people with asthma.

The key elements of the Asthma Cycle of Care are:

1. Documentation of diagnosis and assessment of asthma severity and level of asthma control
2. Review of the patient's use of, and access to, asthma related medication and devices
3. A written asthma action plan (or documented alternative if the patient is unable to use a written action plan)
4. Asthma self-management education
5. Review of the written or documented asthma action plan.

Asthma Cycle of Care resources are available from:

<http://www.health.gov.au/internet/wcms/publishing.nsf/content/phd-asthma-cycle>

Asthma Management Handbook

The NAC publishes the *Asthma Management Handbook*, which is revised every 3–4 years. It comprises guidelines for delivery of best-practice asthma care in general practice plus practical strategies for implementation.

The latest edition, *Asthma Management Handbook 2006*,¹ is available in print or online at:

www.nationalasthma.org.au/cms/index.php

The *Asthma Management Handbook* is written primarily for general practitioners and community pharmacists, emphasising a team approach to asthma care. The latest edition contains:

- updated diagnostic, management and prescribing guidelines
- expanded material on asthma and allergy, exercise-induced asthma, occupational asthma, asthma in pregnancy and in older people, and comorbidities
- more detail on diet and complementary medicine
- new chapters on smoking cessation and asthma prevention
- practical advice on providing structured asthma care in the primary care setting.

Other general resources

Asthma action plans

Written asthma action plans are an integral part of successful asthma management. They are intended to guide action in the event of deterioration of a patient's condition through early intervention to prevent or reduce the severity of acute asthma episodes.

Asthma action plan information and templates are available at:

http://www.nationalasthma.org.au/html/management/action_plans/index.asp

Lifestyle counselling

Lifestyle counselling is important in self-management support. Key issues are:

- smoking cessation
- increasing physical activity
- maintaining healthy weight.

Tools assisting general practice in providing lifestyle advice are available at the Lifescrpts section of Divisions of General Practice website:

<http://www.adgp.com.au/site/index.cfm?display=5267>

The *Smoking Cessation Guidelines for Australian General Practice* flipchart and/or practice handbook can be ordered by calling 1800 020 103, or through the website:

http://www.quitnow.info.au/internet/quitnow/publishing.nsf/Content/health_professionals-lp

Practice changes

Resources for implementing practice changes to support a proactive and systematic approach to delivery of the Asthma Cycle of Care to all patients within a practice are available at: <http://www.improvingchroniccare.org/>

Targeted local interventions

Local interventions are being conducted across a range of priority populations under the Asthma Targeted Intervention Grants, administered by the Asthma Foundations Australia. The results of these projects will provide useful information for intervention strategies.

The National Asthma Community Grants Directory, administered by the Asthma Foundation of WA, will also soon be published. Details for both are available at:

www.asthmaaustralia.org.au

Consumer resources

Extensive consumer resources are available from the Asthma Foundations Australia at:

www.asthmaaustralia.org.au. Consumer resources are also available from the NAC at: www.nationalasthma.org.au

Education workshops for health professionals

The NAC's A-Team™ Asthma Education Program provides workshops for GPs and allied health professionals such as practice nurses, asthma educators, Aboriginal health workers and pharmacists. The program involves education on the requirements of the Asthma Cycle of Care, best practice asthma care and strategies for implementation.

A-Team workshops are organised through Divisions of General Practice, which can tailor the content to meet the identified priorities of their division. Details are available at: http://www.nationalasthma.org.au/html/management/prof_develop/pd030_ateam.asp

Professional development resources

A range of professional development resources for health professionals managing asthma is available from the NAC. Details are available at: http://www.nationalasthma.org.au/html/management/prof_develop/pd006_tools.asp.

The eight Asthma Foundations also provide professional development resources. Details are available via the Asthma Foundations Australia website at: www.asthmaaustralia.org.au

Individual initiatives

There are a number of individual initiatives that have been successfully trialled in smaller populations. Some examples are listed below to increase awareness of potential programs and interventions.

Alternatives to general practice-based spirometry

Alternatives to general practice-based spirometry include mobile community-based spirometry services, the use of pulmonary function laboratory services, and local specialist respiratory nurse-run asthma clinics.

Nurse-led community-based asthma care

The Dianella Community Asthma Program, delivered through a community health centre in suburban Melbourne, provides free asthma education and support for children up to age 18 and their families. An asthma educator provides information, self-management support and (in conjunction with the GP) develops a written asthma action plan. Details are available from: [http://www.dianella.org.au/index.asp?parent=Teams&page=Community%20Asthma%20Program%20\(CAP\)](http://www.dianella.org.au/index.asp?parent=Teams&page=Community%20Asthma%20Program%20(CAP))

Qualified asthma and respiratory educators in general practice

A program developed by the Whitehorse Division of General Practice places asthma educators in general practice to work collaboratively with GPs in the management of their patients with respiratory health needs through jointly run clinics. The participating general practices are able to generate income through MBS item numbers, which allows for the program to be financially viable and sustainable.

Pharmacy asthma care

The Pharmacy Asthma Care Program was a trial program run in rural and remote NSW, Qld and Vic. Pharmacists recruited for the program were trained and provided with resources to assess asthma, review inhaler use, provide education and support patients to set goals. Compared to the control group, participants in the Pharmacy Asthma Care Program demonstrated improvements in asthma quality of life, asthma knowledge, perceived control of asthma, and adherence to reliever medications compared to the control group. The study identified that the lack of formal referral mechanisms compromised the success of completing the asthma action plans.

National rollout of this program is planned under the Fourth Community Pharmacy Agreement between the Department of Health and Ageing and the Pharmacy Guild of Australia.

Resources for Priority Groups

The Australian Government's Asthma Management Program identified five priority groups for improved asthma management. The groups are:

- Aboriginal and Torres Strait Islander populations
- Culturally and linguistically diverse communities
- People living in rural and remote regions
- Older Australians
- Children.

Note there can be considerable overlap of needs across priority groups, for example in the needs of an Aboriginal child living in a rural community.

Those from lower socioeconomic backgrounds may have higher prevalence and poorer control of asthma, so issues related to low socioeconomic status and access to health care and support services also need to be considered within each group.

Aboriginal and Torres Strait Islander people

Asthma prevalence is higher in Indigenous than non-Indigenous Australians (16.5% vs 10.2%). Prevalence rates are significantly higher in women (19.9%) than men (12.5%).²

Lifestyle risk factors

Smoking rates in Indigenous Australian adults are twice as high as those for non-Indigenous Australians.² In addition, non-remote Indigenous Australians are more likely than non-Indigenous Australians to be classified as obese, although they are less likely to be classified as overweight.²

Health care in Indigenous communities requires recognition of the social, economic and emotional wellbeing of the entire community.³ In general practice this may require discussing issues of asthma management within this broader view.

Developing strong working relations with local Aboriginal health workers can support a collaborative approach to delivery of culturally appropriate care.⁴

It is important to provide Indigenous Australians with culturally relevant resources.

Consumer resources

Culturally relevant asthma resources from the Danila Dilba Medical Services *Short Wind* project are available at www.asthmant.org.au.

Promotional material for Lifescrpts specific to Aboriginal and Torres Strait Islander peoples can be accessed on the Department of Health and Ageing website: <http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-pubhlth-strateg-lifescrpts-index.htm>

Health worker training

Onsite training delivered to all team members within Aboriginal and Torres Strait Islander health services on best practice asthma management can be organised with the NAC.

http://www.nationalasthma.org.au/html/management/prof_develop/pd030_ateam.asp

Quit training programs are available to support and assist Aboriginal health workers give practical advice on smoking and smoking cessation strategies. Information available from the Aboriginal Tobacco Control Project Coordinator at Quit on (03) 9635 5524, or at:

<http://www.quit.org.au/article.asp?ContentID=6846>

Practice delivery resources

The *Every Day Asthma Action Plan*, from the Spencer Gulf Rural Health School, Pika Wiya Health Service and Asthma SA, was developed for remote Indigenous Australians with asthma who do not have a high level of literacy in English. It is available from the NAC at:

http://www.nationalasthma.org.au/html/management/action_plans/ap005.asp

The Asthma Spacer Ordering System (ASOS) is available to provide Aboriginal and Torres Strait Islander health services with low cost asthma spacers for their patients. Further information can be obtained by contacting the Asthma Community Support Coordinator at the Asthma Foundation of Victoria on (03) 9326 7088.

Information on the supply of PBS medicine to remote area Aboriginal and Torres Strait Islander Health Services under S100 can be accessed at:

<http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-pbs-indigenous>

There are a number of Aboriginal and Torres Strait Islander specific MBS items that can be used to support asthma care. A resource kit for Aboriginal and Torres Strait Islander Medicare Health Checks is available at:

<http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-pacd-medicare-resource-kit>

The *Healthy for Life* Service Toolkit provides resources to assist primary health care services (organisations) undertake activities: to improve the health of Aboriginal and Torres Strait Islander mothers, babies and children; to enhance the quality of life of people with chronic illnesses. The kit can be accessed at:

<http://www.health.gov.au/internet/h4l/publishing.nsf/Content/servtoolkit-1>

A Reference Manual to guide management of chronic disease for those working in remote areas, particularly with Indigenous communities is available at:

http://www.carpa.org.au/fmanual_reference.htm

Studies in successful delivery of primary health care services for Aboriginal and Torres Strait Islander are provided in Better Health Care, which is available at:

<http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-oatsih-pubs-bhcs.htm>

The Rural Australian College of General Practitioners has a library of references and resources for practitioners working in Indigenous communities. These can be accessed at the website: www.racgp.org.au/library/aboriginalservices

Culturally and linguistically diverse communities

People from non-English-speaking backgrounds aged younger than 65 years have a lower prevalence of asthma compared with other Australians. There is no difference in asthma prevalence between the two groups for those aged 65 years and over.²

Language services

The issue of communication with patients from non-English speaking backgrounds is very important when considering the requirements of the Asthma Cycle of Care.

The use of telephone interpreter services can help to address issues of lack of access to interpreters. Telephone or face-to-face interpreters can be accessed free of charge for general practice on the Doctor Priority phone line: 1300 131 450.

Information on interpreter services is available at: www.hic.gov.au/yourhealth

Consumer resources

Accessing culture and language specific resources is facilitated by the Health Translations Directory, which has a search engine that allows searching by topic and language. It is available at: <http://www.healthtranslations.vic.gov.au/>

Quit smoking resources in 21 languages can be accessed at: <http://www.quit.org.au/browse.asp?ContainerID=1686>

Practice delivery resources

Strategies for effective communication with culturally and linguistically diverse communities can be found at www.miceastmelb.com.au/documents/mep/hc&pcguide.pdf

Tips on using professional interpreter services and on cultural competency can be found at: <http://www.mmha.org.au/mmha-products/books-and-resources/cultural-awareness-tool-cat>

Useful information on how to organise and deliver responsive services for culturally and linguistically diverse communities are contained in a resource kit called The Better Ethnic Access to Services Kit. It is available at: <http://www.adec.org.au/resources-Manuals.html>

Cultural Competency in Health: A guide for policy, partnerships and participation is a government publication outlining strategies for integrating cultural issues into the planning and delivery of health care and services. It is available at: <http://www.nhmrc.gov.au/publications/synopses/hp25syn.htm>

People living in rural and remote regions

The prevalence of asthma is similar across geographic areas.²

Access issues

In rural communities, chronic disease care can be significantly improved through regional pooling of health care funds and coordination between services (GPs, regional health service and community health service providers), supported by appropriately designed information technology systems.⁵

Linking with local pharmacies/local community health centres to provide education and self-management support can help meet the requirements of the Asthma Cycle of Care. Allied Health individual and group MBS items along with MBS Team Care Arrangement items can facilitate this.

The use of phone and email for follow up and brief self-management counselling interventions can be effective.

Consumer resources

Quitting smoking advice is readily viable by phone and internet:

- Quitline is a telephone service providing information, support and advice for quitting at the cost of a local call on 13 7848
- The Quit Coach is a free interactive quitting website:
<http://www.quit.org.au/article.asp?ContentID=7303>

The use of peer educators, local support groups and telephone advice lines can be effective. The asthma community support program can provide information on community support. Further information can be obtained by contacting Asthma Community Support Coordinator at the Asthma Foundation of Victoria on (03) 9326 7088.

Health professional training

A-Team Asthma Education Program workshops for GPs and their colleagues – practice nurses, pharmacists and community health service providers – can be organised via the NAC. Information on the A-Team Program can be accessed at:

http://www.nationalasthma.org.au/html/management/prof_develop/pd030_ateam.asp

Practice delivery resources

Funding for asthma educators in rural areas can be accessed through the More Allied Health Services (MAHS) Program. Information on the MAHS Program can be accessed at:

<http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-pcd-programs-mahs>

A list of resources for chronic disease care in remote areas can be accessed at:

http://www.nt.gov.au/health/cdc/preventable/Chronic_Diseases_Resources_v2.pdf

Older adults

In the over 65 year age group, 9.3% of the population reported having asthma compared to 10.3% of the overall population.² Asthma may be under-reported and under-diagnosed in the older population.⁶

Lifestyle risk factors

Prevalence rates of overweight and low physical activity levels are high in those over 65 years. However, there is no evidence to suggest this differs in those with asthma.²

Australians with current asthma report worse psychological health than those without asthma, and the difference is more pronounced in older people.² Asthma contributes to poorer health-related quality of life in older age.⁷

Assessment and diagnosis

Diagnosing asthma may be more difficult in older adults due to confusion with other respiratory conditions.⁸ Spirometry is needed for detecting airflow limitation in both asthma and COPD and to help distinguish between these diseases.

Given the increased risk of depression in the elderly,⁸ screening for depression using a validated tool should be included routinely in assessment.

Care coordination and support

The level of care coordination and intervention required by health providers increases as the complexity of needs increases. In older people with asthma, mortality rates and hospital bed days are greater compared to younger adults with asthma.⁶

The use of the MBS chronic care items can support assessment and development of a coordinated (inter-agency) care plan. The Team Care Arrangements items can support general practice in communicating and liaising with other health care providers.

Written asthma action plans and ongoing support may help older people take appropriate preventive action. Providing a key contact person so that advice can be easily sought may help improve capacity to take preventive action.

Utilisation of available services

Older people with asthma are more likely to be on complex medication regimes. A Home Medicines Review by an accredited pharmacist can help allay anxieties about medications and provide valuable information on interactions and side-effects. Information on the program can be found at: <http://www.guild.org.au/mmr/>

Mobility is often an issue for older people. Linking people into telephone advice offered by Asthma Foundations provides support for individuals and carers. Linking into self-management training programs in local community health services can also be of benefit. Further information can be obtained by contacting the Asthma Community Support Coordinator at the Asthma Foundation of Victoria on (03) 9326 7088.

Exploring case management programs with local community or aged care services may be appropriate for those with complex needs.

Children

Asthma affects 14–16% of children. This rate is high by international standards. In primary school-aged children, asthma is more common among boys than girls. After teenage years, asthma is more common in women than men. Among people aged 5 to 34 years, those living in inner regional areas have a significantly higher prevalence of asthma (15.1%) than those living in major cities (11.6%) or other areas (10.8%).²

Lifestyle risk factors

Almost 40% of children with current asthma live with smokers and are, therefore, potentially exposed to cigarette smoke in their homes. An estimated 11% of children with current asthma are living in homes where smoking occurred inside the home. Children living in more disadvantaged localities are more likely to be exposed to environmental tobacco smoke, and this association is strongest among children who have current asthma.²

Exposure to environmental tobacco smoke increases the risk of onset of wheezing illness in young children.⁹ Parental smoking is associated with more severe asthma in children and exposure to environmental tobacco smoke after birth is a likely cause of wheezing or other acute respiratory illness in young children.⁹

Prevention of indoor smoking leads to a reduction in hospital admissions in children with asthma.⁹ Further, subjects who were exposed to passive smoke during their childhood are more likely to take up smoking themselves.¹⁰

Assessment and treatment

Spirometry is not useful in children under 7 years. Information on the key issues for diagnosis and management of asthma in children can be accessed in the *Asthma Management Handbook 2006*.¹

Adolescents

The *Asthma Management Handbook 2006* suggests that health professionals can help foster adolescents' engagement in their asthma care by:

- Encouraging the parents to recognise that the young person needs to develop independence
- Seeing the young person alone for part of the consultation and maintaining confidentiality where appropriate
- Advising parents that constant reminders to take medication are counter-productive when interpreted by a young person as unwarranted nagging
- School-based self-management and peer support can be useful approaches in adolescents.¹

Education and resources

Community-based interventions involving asthma educators in outreach roles providing support to families have demonstrated improved outcomes for children. This includes programs targeting children from the priority groups identified and those from low socioeconomic backgrounds.^{11–13}

These programs can be supported with referral to allied health professionals using allied health MBS items.

The 'Triple A' (adolescent asthma action) program is a peer-led asthma education program for adolescents. The training kit and information can be accessed at:

<http://nla.gov.au/anbd.bib-an000040033476>

The Chronic Illness Peer Support (ChIPS) program is for young people living with any type of chronic illness or medical condition. The program is based in Melbourne at the Centre for Adolescent Health, Royal Children's Hospital. Information on the ChIPS program is available at: http://www.rch.org.au/chips/index.cfm?doc_id=295

The Asthma Friendly Schools program provides valuable support for children and their families in ensuring safety and appropriate management. Information on the Asthma Friendly Schools program is available at: <http://asthmafriendlyschools.org.au>

A randomised controlled trial of the Practitioner Asthma Communication and Education (PACE) program is currently underway in NSW in children aged 2–14 years. The PACE program was developed by the University of Michigan to provide practitioners with information on how to better communicate with and educate paediatric patients about asthma. The Woolcock Institute of Medical Research and the University of Sydney are undertaking the Australian trial, which follows on from successful development phases. More details are available at: <http://www.irm.usyd.edu.au/EPI.htm>

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