



# QUESTION & CHALLENGE CARDS

All Practitioners  
and Patients



# INTRODUCTION

The charity International Primary Care Respiratory Group ([www.ipcrg.org/aboutus](http://www.ipcrg.org/aboutus)) is leading a social movement approach to create a desire for change in the management of asthma\*. Our focus, in the first phase, is on the over-reliance on short-acting beta<sub>2</sub> agonists (SABA), and testing how to create a sense of discomfort and dissatisfaction with this amongst all stakeholders.

## OUR “HUNCHES” DRIVING THIS PROGRAMME ARE THAT

- Whilst there is over-reliance, there is no consensus on what “over-reliance” looks like
- The initial conversations about SABAs that may effect a person’s use in the future occur in many places eg community pharmacies and emergency departments as well as general practices/family physician offices
- We don't really know what people do if they don't come regularly to the practice
- Amongst the non-respiratory interested workforce, asthma is regarded as a low priority for change
- Previous approaches haven't really shifted that despite the evidence suggesting unwarranted variation in outcomes and avoidable mortality, morbidity and healthcare utilisation
- Without an appetite to change, it is difficult for messages about how to improve asthma care to be received and adopted

*IPCRG has received funding from AstraZeneca to run the Delivery Team and for designing and printing these cards. The Delivery Team of patients, pharmacists and GPs are responsible for the content.”*

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# QUESTION & CHALLENGE CARDS

## ALL PRACTITIONERS AND PATIENTS

These cards are a way to trigger conversations and for you to share your thinking with others. We invite you to use them to start a discussion!

## INSTRUCTIONS

1. Split into pairs or small groups
2. Choose a card from the pack
3. Read the question or comment
4. Take a few minutes to discuss the question or comment on the card and note down your key discussion points
5. Choose another card and follow steps 3 and 4 above
6. Feed back your discussion points to the full team/meeting

**Challenging statement:**

**“In primary care  
open questions aren’t used  
with people with asthma  
for fear of not knowing  
how to handle the answer,  
preventing shared decision  
making”**

**First prescription of SABA for  
asthma:**

**Is there a default explanation  
that if relief lasts  
for less than 3 hours,  
patient should seek medical  
advice?**

**What are your  
positive messages  
for someone  
living with asthma?**

**What can you do  
to improve  
your asthma care?**

**Challenging statement:**

**“Health professionals do not invest enough time in educating patients about asthma because they think it’s easy to find the information elsewhere and they don’t have the time.”**

**Do you agree?**

**Is there enough time?**

**Is there sufficient education elsewhere?**

**Are there some people who should be prioritised for more education?**



**Is there a general level of knowledge of what a SABA (rescue inhaler) for asthma actually does?**

**Does it help to explain that these work on the bronchoconstriction on the “outside” of the airway but not the inflammation and mucous on the “inside”?**  
**(It helps to have 3D models for this).**

**How often is a follow up appointment planned when a SABA for asthma is prescribed/dispensed for the second or third time?**

**Is follow up more likely to be clinician-directed or patient- directed?**

**How many months is normal between prescription and review?**

**Who has asthma in this group?**

**How do you use the inhalers  
you are prescribed?**

**How many canisters/inhalers  
of SABA would you say you have  
at home/car office/sports bag  
and so on?**

**How do you know when your  
SABA inhaler is empty?**

**Metaphor:**

**Does this work?**

**“Using the (blue) asthma reliever is like damping down a fire, but to put out the embers and to stop it flaring up, you need the inhaled corticosteroid (ICS) controller”**

**Why do we talk about  
6 SABAs in a year  
as the signal for poor asthma  
care and quality of life?**

**Challenging question:**

**What's the best measure  
of improvement in  
Asthma Right Care?**

**What about  
“A shift in the practice  
average ratio of reliever: inhaled  
corticosteroid inhalers  
prescribed in a year,  
where the ideal ratio is 1:6 but is  
currently more likely to be 2:1”**

## **Challenging Statement:**

**Did you know?**

**Only 40% of people  
take the asthma treatment  
prescribed for them;  
of whom only 30%  
then use it correctly,  
so 40% multiplied by 30% =  
only 12% of people are taking  
the right treatment correctly!**

**Do you agree the need for  
change?**