QUESTION & CHALLENGE CARDS
All Practitioners and Patients
INTRODUCTION

The charity International Primary Care Respiratory Group (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 beta₂ 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

IPC-RG 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.”

March 2019
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?