



# Effective Health Care

## Interventions to Modify Physicians' and Other Providers' Adherence to Asthma Guidelines

### Nomination Summary Document

#### Results of Topic Selection Process & Next Steps

- Interventions to modify physicians' and other providers' adherence to asthma guidelines will go forward for refinement as a systematic review. The scope of this topic, including populations, interventions, comparators, and outcomes, will be further developed in the refinement phase.
- When key questions have been drafted, they will be posted on the AHRQ Web site and open for public comment. To sign up for notification when this and other Effective Health Care (EHC) Program topics are posted for public comment, please go to <http://effectivehealthcare.ahrq.gov/index.cfm/join-the-email-list1/>.

#### Topic Description

**Nominator:** Government agency

**Nomination Summary:** The nominator is interested in the comparative effectiveness of interventions aimed at modifying physician adherence to pediatric asthma guidelines. The asthma guidance the nominator references is the National Heart, Lung, and Blood Institute (NHLBI), National Asthma Education and Prevention Program (NAEPP), Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma published in 2007.

**Staff-Generated PICO:**

**Population(s):** Clinicians treating children age 0-18 years diagnosed with asthma

**Intervention(s):** Interventions to improve guideline implementation and adherence, including clinician education, ancillary/support staff (e.g., nurse facilitator) education, electronic health record alerts/provider reminders and other health IT decision support, clinical pharmacy service interventions, organizational change, pay-for-performance/quality incentives, physician detailing

**Comparator(s):** Usual care and comparisons between interventions listed above

**Outcome(s):** Guideline implementation and adherence; outcomes of improved guideline adherence, including prescriptions for appropriate controllers, short- and long-acting beta agonists, patients receiving action plans and self-management education who are classified by stage and risk; effects on patient outcomes including symptom control, ED visits, hospitalizations; and costs

**Setting(s):** Primary care; possibly emergency medicine settings

**Key Question** 1. For patients with chronic diseases where large numbers of physicians do not follow

**from Nominator:** guideline-based care, such as with asthma – the most common chronic disease, what are the most and least effective interventions to modify physician and other health care provider practice?

## Considerations

- The topic meets all EHC Program selection criteria. (For more information, see <http://effectivehealthcare.ahrq.gov/index.cfm/submit-a-suggestion-for-research/how-are-research-topics-chosen/>.)
- Despite the existence of national evidence-based guidelines on the optimal treatment of asthma, physician adherence rates vary and high rates of unplanned asthma care (e.g., emergency department visits) remain. Research has shown that increased provider adherence to asthma care guidelines can be achieved and is effective in decreasing asthma-related emergency department visits and hospitalizations.
- There are no existing products that exclusively evaluate provider-targeted interventions for guideline implementation and adherence. Therefore, this topic will move forward as a new systematic review that will focus on the comparative effectiveness of interventions to increase physicians' and other providers' adherence to asthma care guidelines.