Dissemination and implementation of national asthma guidelines

Vision

Imagine a decrease in the severity of asthma throughout South Africa. All people who are affected by asthma are diagnosed early and well controlled on medication. Patients are able to function optimally without absence from school or work due to asthma. Hospitals notice a significant decrease in emergency care and admissions for asthma. There is a significant decrease in mortality from asthma.

Mission

In support of this vision, this project aims to disseminate and implement a national asthma guideline taking cognizance of the known barriers to optimal asthma care and the successes and failures of different strategies used to influence the behaviour of health care workers and patients. All doctors, nurses and pharmacists, both state and private, especially primary care, know of NAEP, and are using them on a regular basis to both diagnose asthma early and manage it appropriately.

Boundary Partners

1. Patients:
Media consultant (TV, radio, internet, print media)

2. Primary care provider organisations (doctors, nurses, pharmacists, physiotherapists, occupational health workers):
Health districts (and subdistricts)
Free State – each district has an appointed nurse trainer
FaMEC – Academic family physicians in different districts
SA Academy of Family Practice / Primary Care – Shadrack Mazaza – General practitioners in both public and private sectors
RuDASA – Rural doctors
SAMA – CPD activities
Medicross Primary Care
Netcare?
Pharmacy Society of SA (Andy Grey)
SA Assoc of Hosp and Ind Pharmacists (Margaret Van Zyl)
Private nurse practitioner group
Occupational nurse group

3. Medical schemes:
QUALSA – Manie de Klerk – managed care
Council for medical schemes
Consultants who advise schemes (via Manie de Klerk)
Individual medical aid schemes

5. Pharmaceutical industry:
GSK
Boeringher-Ingelheim
Astra Zeniker
CiplametPro (Sr Brown)
Altna?
Novartis

6. Department of Health:
Provincial guideline committees – Jimmy Volmink AGREE
Therapeutics and Drug / EDL committees
Directors for Chronic Diseases (Isme Kennel)

7. Universities and training bodies:
FaMEC (8 Depts of Family Medicine+ Rural health)
FUNDISA (Forum of University Nursing Depts) email network (1 not a member)
University Depts of Pharmacology
University Depts of Intn Medicine (SATS guideline cttee)
Nursing colleges (integrated into Univ of Technology and not yet integrated)
AFROX private nursing college
Pharmacy Schools (UWC, Rhodes, UPE, Univ Joburg, Limpopo, Walter Sisulu, KZN)
Provincial PHC nurse training (DOH)

8. Hospital based physicians and paeds
SATS
NAEP
ALLSA
Regional and Provincial Hospitals
Strategic Partners

The main strategic partners will be the funders:

Pharmaceutical industry and DOH as listed under boundary partners
QUALSA – Manie de Klerk
MRC – seeing proposal as a PAR project
HST – seeing proposal as a PAR project
IDRC
Health Professional Training Grant (PGWC)
WHO / NICE – speak to Jimmy Volmink
International asthma groups?
Outcome challenges

1. Patients
The project intends to see that patients are well-informed about their symptoms, trigger factors, drug therapy (regular anti-inflammatory preventer/controller therapy) and are able to appropriately self-manage their asthma. They show improved adherence to MDIs technique and dose and decreased use of home nebulisers.

2. Primary health care workers – public and private
The project intends to see that PHC workers are well informed about the diagnosis and management of asthma and have read, understood and use the guidelines on a regular basis. They recognize and diagnose asthma early, introduce anti-inflammatory medication early, assess control effectively (5-basic questions), use objective assessment measurements (PEFR / spirometry), encourage use of spacers (especially in young children), check for inhaler technique, provide relevant information, motivate behaviour change skillfully and refer appropriately. They are aware of and use resources provided by NAEP.

3. Medical schemes
The project intends to see that all Medical Aids agree to finance ICS & LABAs (preferably combination devices) and promote guidelines that are congruent with the SATS guideline. Medical schemes would fund the dissemination and implementation plan.

4. DOH
The project intends to see that the DOH agrees to finance ICS & LABAs (preferably combination devices) as well as providing sufficient spacers and PEFR meters. They will promote guidelines that are congruent with the SATS guideline and form a partnership with NAEP to train PHC workers and assess the quality of care in each district. DOH would fund the dissemination and implementation plan.

5. Universities and training bodies
The project intends to see the guidelines have been incorporated into curricula and assessment in all medical schools, physiotherapy programmes, nursing and pharmacy schools.

7. Pharmaceutical industry
The project intends to see that the pharmaceutical industry would promote guidelines that are congruent with the SATS guideline, disseminate NAEPs materials and would fund the dissemination and implementation plan.

8. Hospital based physicians and paediatricians
The project intends to see that hospital based physicians and paediatricians are well informed about the diagnosis and management of asthma and have read, understood and use the guidelines on a daily basis. They diagnose asthma early, introduce anti-inflammatory medication early, assess control effectively (5-basic questions), use
objective assessment measurements (PEFR / spirometry), encourage use of spacers (especially in young children), check for inhaler technique, provide relevant information, motivate behaviour change skillfully and investigate appropriately. They are aware of and use resources provided by NAEP.

**Progress markers**

**Patients**

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<tr>
<th>Expect to see …</th>
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<tr>
<td>Identification of a media consultancy firm</td>
<td>Funding obtained to support the media campaign</td>
<td>Media campaign leads to a measurable improvement in awareness of and use of NAEP and the key media messages</td>
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<tr>
<td>Media campaign plan created for branding of NAEP and marketing of key messages</td>
<td>NAEP has active website for use by the public on key asthma messages</td>
<td>Patient education materials are used in all health districts and hospitals of SA as part of asthma care</td>
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<tr>
<td>Funding proposal created for the media campaign plan</td>
<td>Key messages are printed in the public print media (Longevity etc)</td>
<td>Key messages are broadcast on TV</td>
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<tr>
<td>Patient education materials in several languages are designed</td>
<td>Key messages are broadcast by radio nationwide</td>
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**Primary health care workers**

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<tr>
<td>NAEP develops user-friendly practical manuals for the different target groups</td>
<td>NAEP Diploma is developed on line as well as paper-based</td>
<td>The DOH: Chronic Diseases directorate works as a partner with NAEP to improve the quality of asthma care in the public sector</td>
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<tr>
<td>NAEP develops reminders</td>
<td>Increased number of people complete the NAEP</td>
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that can be used by health workers

NAEP Diploma is advertised to boundary partners

A trainer for the NAEP interactive workshop and QI activity is identified for each district (sub-district)

NAEP develops an “off-the-shelf” QI cycle for use by health workers to assess the quality of asthma care

NAEP writes the guidelines as a journal article and submits for publication

NAEP presents guidelines to each PHC provider organisation

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<td>NAEP develops video material on motivational interviewing and adherence</td>
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<tr>
<td>NAEP develops a computer-based generic health information system with HISP to monitor and assess quality of asthma care</td>
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<tr>
<td>Interactive workshops are held in each district (sub-district).</td>
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<tr>
<td>QI activities are performed using the NAEP framework in each district (sub-district).</td>
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<tr>
<td>Guidelines are published in journals targeting doctors, nurses and pharmacists</td>
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Continuous QI activities demonstrate improved quality of care

PHC workers are using the guideline messages in patient care on a regular basis

PHC workers organize community-based or group-orientated health promotion / education activities for asthma patients in each district

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<th>Medical schemes</th>
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<tr>
<td>NAEP presents guidelines to the Council for Medical Schemes</td>
<td>Medical schemes finance use of ICS and LABA</td>
<td>Medical schemes finance asthma education / counseling sessions</td>
</tr>
<tr>
<td>NAEP presents guidelines to the key consultants / directors of the Medical Aid industry</td>
<td>Medical schemes finance provision of PEFR meters</td>
<td>Medical schemes finance use of ICS and LABA in combination</td>
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<td></td>
<td>Medical schemes finance provision of spacers</td>
<td>Medical schemes finance use of leukotriene antagonists for appropriate patients</td>
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<td></td>
<td>Fund audit of asthma care in their organisations</td>
<td>Medical schemes work only with approved SATS</td>
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**DOH**

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<td>NAEP presents guidelines to the National and Provincial Therapeutics Committees (EDL)</td>
<td>DOH agrees to provide ICS and LABA (preferably in combination) as well as spacers.</td>
<td>The DOH: Chronic Diseases directorate works as a partner with NAEP to improve the quality of asthma care in the public sector</td>
</tr>
<tr>
<td>NAEP presents guidelines to the National and Provincial Chronic Diseases Directorates</td>
<td>DOH: Chronic Diseases directorate engages with NAEP to plan collaboration in terms of disseminating and implementing key common messages</td>
<td>The DOH commits funds to support the implementation plan as partners</td>
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**University and training bodies**

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<td>NAEP identifies a comprehensive list of all training institutions and a contact person in each.</td>
<td>These training institutions use the guidelines (or are congruent with) / NAEP materials in their curricula and teaching</td>
<td>Training institutions accredit the NAEP Diploma towards their post-graduate qualifications</td>
</tr>
<tr>
<td>NAEP develops a series of power-point slides that training institutions can adopt</td>
<td>Each training institution has asthma care as part of its summative assessment</td>
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<tr>
<td>NAEP presents guidelines and associated training resources (handouts, reminders, videos) to each University Dept of Family Medicine, Innt Medicine, Nursing and Pharmacology.</td>
<td>Assessment is based on the evidence and standards presented in the guidelines</td>
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<tr>
<td>NAEP presents guidelines to each Pharmacy and Nursing School.</td>
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**Pharmaceutical industry**

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<td>NAEP presents the guidelines to selected companies (resp product reps) along with the dissemination and implementation plan (including budget)</td>
<td>Each pharmaceutical company agrees to fund part of the dissemination and implementation plan (workshops, resources…)</td>
<td>Each pharmaceutical company agrees to disseminate NAEP resource material based on the guideline – public sector CHCs and hospitals</td>
</tr>
<tr>
<td>Companies continue to fund Diploma course</td>
<td>Each pharmaceutical company agrees to disseminate NAEP resource material based on the guideline – GP practices and private hospitals</td>
<td>Increase funding of Diploma course and asthma conference</td>
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<td>Companies continue to fund bi-annual asthma conference</td>
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**Hospital based physicians / paediatricians**

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<tr>
<td>The guidelines are presented to the physicians and paediatricians in each Regional and Provincial Hospital</td>
<td>NAEP runs interactive workshops in secondary and tertiary hospitals within each Province</td>
<td>QI cycles are held of asthma care in secondary and tertiary hospitals within each Province – to determine actual practice and its correlation with the guidelines, awareness of key messages, as well as control of patients.</td>
</tr>
<tr>
<td>The guidelines are disseminated to physicians and paediatricians through membership of SATS and ALLSA</td>
<td>NAEP materials are used in outpatient clinics in secondary and tertiary hospitals within each Province</td>
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NAEP identifies a list of potential funders with the guideline committee | | |
The funding proposal is submitted to each funder | | |
NAEP writes up the OM plan as a PAR proposal and submits for research funding | | |

**Strategies**

**Patients**

1. The project should identify a media consultancy firm and develop a business plan for the branding of NAEP and marketing of key messages (in different languages) regarding asthma to the public through TV, radio, print media and the Internet.

2. The project should develop patient education material (printed and video) in key languages (English, Xhosa, Afrikaans, Zulu, Sotho, Tswana) that are integrated with the rest of the educational materials for the new guidelines. These should be developed / promoted with the health education / media units within the DOH.

**Health care workers (primary care and hospital-based)**

3. The project should publish the guidelines in a format that is practical, illustrated, easy-to-follow, and where key messages are short, specific, simple “punchy” statements. This manual should be tested with the key target audiences and revised based on their feedback. If necessary more than one manual should be developed for different target audiences.

4. The project should produce reminders of the key messages in the form of a desktop tool and posters. Where possible the reminders should be integrated with other local initiatives of this nature.

5. The NAEP distance learning diploma should be promoted to the target audiences more actively via the boundary partners. Accreditation towards other programmes should be pursued (i.e. M Med (Fam Med)) and consideration given towards a web-based version (WebCT).
6. The project should create a framework for and resources to support interactive training workshops aimed at health care workers. Trainers from the primary care provider organizations should be identified and trained in how to facilitate the workshop in their setting. Resources would include patient education materials (print or video), guideline manual(s), reminders, video material on motivational interviewing (adherence) skills, QI cycle tools, PEFR meters.

7. The project will create generic material to support simple quality assessment and improvement activities (QI cycle) in health care settings that support the key guideline messages and quality criteria. This will include the provision of a simple electronic data collection and analysis tool for appropriate settings with the help of the Health Information System Project (HISP).

8. The project will publish the guidelines in the format of journal articles (SAMJ, SA Family Practice Journal, Update, SA Pharm Journal, Medical Chronicle, Nursing Update) and negotiate for an edition of the CME Journal on asthma care in late 2006 early 2007.

Medical schemes / DOH

9. The project will present the guidelines to the Council for Medical Schemes and Consultants to the Medical Aid industry in order to discuss areas of congruence/incongruence and negotiate the appropriate funding of asthma medication as well as asthma care (counseling – education sessions)

10. The project will present the guidelines to National and Provincial Therapeutics Committees in order to discuss areas of congruence/incongruence with EDL guidelines and to negotiate the appropriate provision of asthma medication and associated equipment (spacers, PEFR) in the public sector.

11. The project will present the guidelines to the Chronic Diseases directorate and discuss areas of congruence / incongruence. The project will also present the implementation and dissemination plan to identify ways if which NAEP and the DOH: Chronic Diseases Directorate can work together in improving the quality of care at the district level (through the QI activities and training workshops and promotion of associated materials). If a partnership is possible then use of DOH funds to assist with this should be considered.

Universities and training bodies

12. The project should present the guidelines and associated resource materials to the under and postgraduate curriculum advisors for Family Medicine, Internal Medicine, Nursing, Pharmacology, Pharmacy and Physiotherapy at each University and School.
Pharmaceutical industry

13. The project should target the pharmaceutical industry with funding proposals related to different strategies within the project.

14. The project should present the guidelines and discuss ways in which the pharmaceutical company can distribute materials produced by NAEP

Strategic partners (Funders)

15. The project must produce a budget related to the strategies and a funding proposal that can be presented to potential funders.

16. The project should also be considered as an action research project and the research proposal submitted to research funding bodies.