

## OPERATIONAL DEFINITION

**MEASUREMENT:** % asthma patients whose condition is well or completely controlled.

### I. Description and Rationale

*This measure answers the question:*

How many Asthma Innovation Lab patients have their condition controlled?

This measure identifies the proportion of active patients and parents who feel their/their adolescent's asthma is well or completely controlled based on the most recent visit. Well or completely controlled, is defined as experiencing symptoms during the DAY less than 3 days per week; experiencing symptoms during the NIGHT less than 3 nights per week; using fast acting or quick relief medication at times other than before exercise less than 1 time per day; not having your asthma limit your activities at all; and missing no school or work days due to your asthma. The parent and patient are measured as a pair and the lower score (less controlled response) between the two is used because both parties must be feel that teen's asthma is controlled in order to achieve an accurate assessment.

Parent:

4. During the <b>past 2 weeks</b> , how frequently has your teen experienced episodes of cough, shortness of breath, wheezing or reduced activity <b>due to asthma during the DAY</b> ?	<input type="checkbox"/> More than once a day	<input type="checkbox"/> Once per day	<input type="checkbox"/> 3-6 days per week	<input checked="" type="checkbox"/> 0-2 days per week
5. During the <b>past 2 weeks</b> , how frequently has your teen experienced episodes of cough, shortness of breath, wheezing <b>due to asthma during the NIGHT</b> ?	<input type="checkbox"/> 7 nights per week	<input type="checkbox"/> 5-6 nights per week	<input type="checkbox"/> 3-4 nights per week	<input checked="" type="checkbox"/> 0-2 nights per week
6. During the <b>past 2 weeks</b> , how often did your teen use a fast acting or quick relief medication, at times <b>other than before exercise</b> ? (includes Albuterol, Ventolin®, Proventil®, Xopenex®)	<input checked="" type="checkbox"/> Less than 1 time per day	<input type="checkbox"/> 1-3 times per day	<input type="checkbox"/> 4 or more times per day	<input type="checkbox"/> Not sure
7. How often does asthma limit your teen's activities?	<input type="checkbox"/> A little of the time	<input type="checkbox"/> Some of the time	<input checked="" type="checkbox"/> Most of the time	<input type="checkbox"/> All of the time
8. How many days of school or work has your teen missed <b>due to asthma</b> in the <b>past month</b> ? <input type="text"/> # of days	<input type="checkbox"/> Does not attend			

Teen:

1. During the <b>past 2 weeks</b> , how frequently have you experienced episodes of cough, shortness of breath, wheezing or reduced activity <b>due to asthma during the DAY</b> ?	<input type="checkbox"/> More than once a day	<input type="checkbox"/> Once per day	<input type="checkbox"/> 3-6 days per week	<input checked="" type="checkbox"/> 0-2 days per week
2. During the <b>past 2 weeks</b> , how frequently have you experienced episodes of cough, shortness of breath, wheezing <b>due to asthma during the NIGHT</b> ?	<input type="checkbox"/> 7 nights per week	<input type="checkbox"/> 5-6 nights per week	<input type="checkbox"/> 3-4 nights per week	<input checked="" type="checkbox"/> 0-2 nights per week
3. During the <b>past 2 weeks</b> , how often did you use a fast acting or quick relief medication, at times <b>other than before exercise</b> ? (includes Albuterol, Ventolin®, Proventil®, Xopenex®)	<input checked="" type="checkbox"/> Not at all	<input checked="" type="checkbox"/> Less than 1 time per day	<input type="checkbox"/> 1-3 times per day	<input type="checkbox"/> 4 or more times per day
4. Does someone you live with smoke?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If YES, check all that apply	<input type="checkbox"/> Inside	<input type="checkbox"/> Outside	<input type="checkbox"/> In the car	
5. How often does asthma limit your activities?	<input checked="" type="checkbox"/> Not at all	<input type="checkbox"/> A little of the time	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Most of the time
6. How many days of school or work have you missed <b>due to asthma</b> in the <b>past month</b> ? <input type="text"/> # of days	<input type="checkbox"/> Does not attend			

## II. Population Definition (Inclusions/Exclusions)

The patients included in this measure have to meet the following criteria:

- Have been diagnosed with asthma and seen in the Asthma Innovation Lab
- Have 3 or more visits to the Asthma Innovation Lab since their inclusion in the Lab or have visited the Lab outside the previous 3 months
- Are identified as an *Active* patient, meaning they have had a visit within the previous 13 months and are not designated (by us) as *Inactive* due to moving out of the city/state, etc.

## III. Data Source(s)

Asthma Innovation Lab Database

## IV. Sampling and Data Collection Plan

Data is collected once for every asthma patient at time of every visit. See attached Parent Form and Teen Form.

## V. Calculation

*Unit of analysis is the parent and patient pair, the score that is included is the lower (less controlled response) score of the two forms (if parent is not present, patient score is used). The score will be defined as selecting the most controlled response from the elements listed below.*

*Total Patients Whose Condition is Well or Completely Controlled:*

*Numerator:* Number of patients identified as having their asthma well or completely controlled (i.e. all 5 of the elements identify well or complete control of the patient's asthma).

*Denominator:* Number of active patients in the Database based on most recent visit.

*Patients experiencing episodes (defined as cough, shortness of breath, wheezing) during the day 0-2 days/week:*

*Numerator:* Number of patients experiencing episodes during the day 0-2 days/week.

*Denominator:* Number of active patients in Database based on most recent visit.

*Patients experiencing episodes (defined as cough, shortness of breath, wheezing) during the night 0-2 days/week:*

*Numerator:* Number of patients experiencing episodes during the night 0-2 days/week.

*Denominator:* Number of active patients in Database based on most recent visit.

*Patients using fast-acting or quick-relief medication in the past 2 weeks other than before exercise:*

*Numerator:* Number of patients using medications other than before exercise.

*Denominator:* Number of active patients in Database based on most recent visit.

*Patients whose asthma does not at all limit activities:*

*Numerator:* Number of patients whose asthma does not at all limit activities.

*Denominator:* Number of active patients in Database based on most recent visit.

*Patients who have missed no school or work due to asthma:*

*Numerator:* Number of patients who have missed no school or work due to asthma.

*Denominator:* Number of active patients in Database based on most recent visit.

## VI. Analysis Plan and Frequency of Reporting

Analyze and report on a monthly basis, at beginning of next month for previous month. A run chart will be used to display the data.

## VII. Reporting Venues

Results are reported on the Chronic Care Innovation Lab Monthly Project Report.

**VIII. Limitations**

**IX. Experts/Resources**

**X. Revision History**

Version	Primary Author(s)	Description of Version	Date Completed
Initial	S.Rechner		7/26/07



Parent Form



Teen Form