



OPERATIONAL DEFINITION

MEASUREMENT: % asthma patients whose condition is well controlled.

I. Description and Rationale

This measure answers the question:

How many Asthma Innovation Lab patients have their asthma controlled?

This measure identifies the proportion of active patients and parents who feel their/their adolescent's asthma is well controlled based on the most recent visit. Well controlled is defined as meeting all of the following criteria:

- Experiencing symptoms during the DAY 0-2 days per week,
- Experiencing symptoms during the NIGHT 0-1 nights per week,
- Using fast acting or quick relief medications at times other than before exercise less than 3 days per week or not at all,
- Not having asthma limit activities at all, and
- Exacerbations less than 2 times per year.

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.

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)

Teen Health Asthma DocSite Registry

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.

 Division of Adolescent Medicine Parent Questionnaire about Asthma	
<p>1. In general, would you say your child's health is: <input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor</p>	
<p>2. Has your teen been hospitalized for coughing/wheezing or asthma? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many times? _____ When was the last time? _____</p>	
<p>3. Has your teen ever been in the Intensive Care Unit (ICU)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when was the last time? _____</p>	
<p>4. Does someone your teen lives 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</p>	
<p>5. During the past 2 weeks, how frequently has your teen experienced episodes of cough, shortness of breath, wheezing or reduced activity due to asthma during the DAY? <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</p>	
<p>6. During the past 2 weeks, how frequently has your teen experienced episodes of cough, shortness of breath, wheezing due to asthma during the NIGHT? <input type="checkbox"/> More than 3 nights per week <input type="checkbox"/> 2 - 3 nights per week <input checked="" type="checkbox"/> 0 - 1 nights per week</p>	
<p>7. During the past 2 weeks, how often did your teen use a fast acting or quick relief medication, at times other than before exercise? (includes Albuterol, Ventolin®, Proventil®, Xopenex®) <input checked="" type="checkbox"/> Not at all <input checked="" type="checkbox"/> Less than 3 days per week <input type="checkbox"/> 3 - 6 days per week <input type="checkbox"/> Once a day <input type="checkbox"/> More than once a day <input type="checkbox"/> Not sure</p>	
<p>8. How often does asthma limit your teen's activities? <input checked="" type="checkbox"/> Not at all <input type="checkbox"/> Some of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> All of the time</p>	
<p>9. How many days of school or work has your teen missed due to asthma in the past month? _____ # of days <input type="checkbox"/> Does not attend</p>	
<p>10. How many work days have you and/or your spouse missed due to your teen's asthma in the past month? _____ # of days</p>	

 Division of Adolescent Medicine Teen Questionnaire about Asthma	
Cell Phone # _____	
<p>1. In general, would you say your health is: <input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor</p>	
<p>2. During the past 2 weeks, how frequently have you experienced episodes of cough, shortness of breath, wheezing or reduced activity due to asthma during the DAY? <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</p>	
<p>3. During the past 2 weeks, how frequently has your teen experienced episodes of cough, shortness of breath, wheezing due to asthma during the NIGHT? <input type="checkbox"/> More than 3 nights per week <input type="checkbox"/> 2 - 3 nights per week <input checked="" type="checkbox"/> 0 - 1 nights per week</p>	
<p>4. During the past 2 weeks, how often did you use a fast acting or quick relief medication, at times other than before exercise? (includes Albuterol, Ventolin®, Proventil®, Xopenex®) <input checked="" type="checkbox"/> Not at all <input checked="" type="checkbox"/> Less than 3 days per week <input type="checkbox"/> 3 - 6 days per week <input type="checkbox"/> once a day <input type="checkbox"/> More than once a day <input type="checkbox"/> Not sure</p>	
<p>5. 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</p>	
<p>6. How often does asthma limit your activities? <input checked="" type="checkbox"/> Not at all <input type="checkbox"/> Some of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> All of the time</p>	
<p>7. How many days of school or work have you missed due to asthma in the past month? _____ # of days <input type="checkbox"/> Does not attend</p>	
<p>8. How confident are you in your ability to manage your asthma, rated on a scale of 1-10? (Please circle) Not Confident = 1 2 3 4 5 6 7 8 9 10 = Very Confident</p>	
<p>9. How would you rate your asthma control during the past 2 - 4 weeks? <input type="checkbox"/> Very poorly controlled <input type="checkbox"/> Not well controlled <input type="checkbox"/> Well controlled</p>	

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 Controlled:

Numerator: Number of patients identified as having their asthma well controlled (i.e. all 4 of the elements identify well control of the patient's asthma).

Denominator: Number of active patients with 3 or more visits in the Database based on most recent visit.

Patients experiencing episodes (defined as cough, shortness of breath, wheezing) less than 3 days /week:

Numerator. Number of patients experiencing episodes less than 3 days/week.
Denominator. Number of active patients with 3 or more visits in the Database based on most recent visit.

Patients experiencing episodes (defined as cough, shortness of breath, wheezing) less than 3 nights per month:

Numerator. Number of patients experiencing episodes less than 3 nights per month.
Denominator. Number of active patients with 3 or more visits in the Database based on most recent visit.

Patients using fast-acting or quick-relief medication less than 3 times/week other than before exercise:

Numerator. Number of patients using medications other than before exercise less than 3 times/week.

Denominator. Number of active patients with 3 or more visits in the 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 with 3 or more visits in the 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
Updated DocSite	S.Rechner	Updated to align with pulmonary definitions	1/2/08



Parent Form



Teen Form