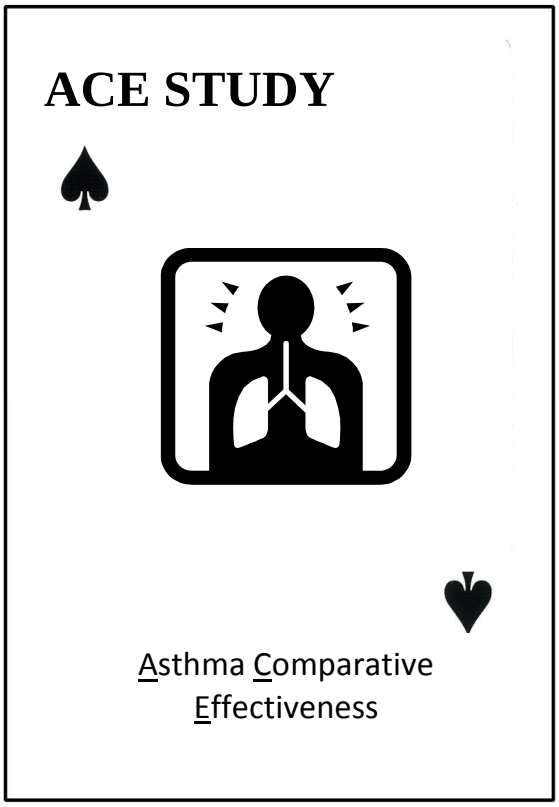

Asthma Comparative Effectiveness (ACE) Study

Adult script

Health Coach Protocol, Health Coach Resources,
and Patient Handouts

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PREPARING FOR ACE STUDY SESSION

- **Materials Needed:**
  - Patient medical chart REVIEWED PRIOR to session
  - Baseline spirometry results
  - Shared Decision Making binder for specific age

- **Other Materials:**
  - Asthma bronchial model and inhaler examples
  - "Taming the Wild Wheezes" book, opened to pages 2 and 3
  - Electronic Medical Record (EMR), opened to patient's chart

- **Health Coach Resources and Patient Handouts:**
  - Form #1: Patient Information Form
  - Form #2: How Well Controlled Is Your Asthma? (blank dial)
  - Form #3: Asthma Treatment Goals and Medications Preferences
  - Form #4: Facts About Asthma
  - Form #5: Allergies: Things You Can Do to Control Your Symptoms
  - Form #6: Smoking Cessation Resources
  - Form #7: How Severe or How Well Controlled Is Your Asthma? (dial with symptoms and lung function)
  - Form #8: Medication Options to Control Asthma Chart (for specific age and insurance type)
  - Form #9: Medication Planner
  - Form #10: General Types of Asthma Medications
  - Form #11: How to Use Your Inhaler
  - Form #12: One Week Asthma Diary
  - Asthma Controllers/Relievers Posters
  - Asthma Action Plan (EMR, website, or paper form)

FLOW CHART AND PROCESS OBJECTIVES FOR ACE STUDY

Set the Stage

- Establish rapport
- Describe shared decision making approach

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Gather Patient Information

- Asthma symptoms and perceptions of control
- Medication use
- Alternative treatments used
- Environmental triggers
- Identify patient goals

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Provide Information (Health Coach and/or Group Visit)

- Determine current understanding of asthma
- Review what asthma is and how it is treated
- Confirm comprehension of information

↓

Negotiation (Health Coach)

- Summarize patient goals and information
- Review spirometry results with patient
- Provide assessment of patient's current symptom control and treatment level
- Determine current asthma severity level
- Work with patient to define medication preferences
- Discuss regimen options
- Negotiate a decision about treatment

↓

Wrap Up (PCP)

- Physical examination
- Teach back
- Update Asthma Health Maintenance in the EMR
- Write/Fax prescription(s)
- Review proper inhaler technique
- Give Asthma Action Plan and diary
- Set up follow up appointment

SET THE STAGE: HEALTH COACH

- **ESTABLISH RAPPORT**
- **DESCRIBE SHARED DECISION MAKING APPROACH**

Hello, [Mr./Ms. [name]]. I'm [your name]. Thank you for coming today. I've been looking forward to our meeting.

Your asthma symptoms are significant enough for us to think there might be some things that can be done to improve them. I'd like for you to think of this as an opportunity to take a **fresh look** at how to take care of your asthma. In the past, your health care providers might have asked you questions about your asthma, examined you, and then said, "This is what your problem is, and this is the medicine you need to take. I'd like to see you again in a month to see how you are doing."

We'll approach your asthma care **differently** today. I would like for you to play a **more active role** than you might be used to. Your breathing test, symptoms, and medical history tell us something about your asthma. But I'd also like you to tell me how your asthma is **affecting your life** and what you hope to get out of the treatment. I will be asking you some questions about that today.

I'll tell you the basic things we know about asthma and the different alternatives for treatment. Then **we'll work together to help you choose a plan that will work best for you**. To put it simply, I would like for us to **SHARE the decision-making** about your asthma care as **equal partners**. This is not easy for some people, including some health professionals, but I would like for us to try. If you are wondering what it means to be an "equal partner" in your asthma care, don't worry - your role will become clearer as we go along.

Once we've made a decision about the best approach for you, whether it's the same as what you are doing now or very different, your primary care provider (PCP) will write it up as an Asthma Action Plan.

If you follow it as carefully as you can and record your symptoms and the medications you take in an Asthma Diary, we'll be able to see how well the plan is meeting the goals you've set. And when we meet again in a month or so, we can make changes if you aren't satisfied. How does that sound?

Is there anything else you would like to get from this session?

If yes, restate and note the patient's additional goals. If goals are highly unrealistic, indicate that you will talk more about this during the session and the possibilities for improvement.

Do you have any questions for me now?

Answer if question is straight-forward and/or indicate that this will be discussed in further detail in this or the next session.

GATHER PATIENT INFORMATION: HEALTH COACH

- **ASTHMA SYMPTOMS AND PERCEPTIONS OF CONTROL**
- **MEDICATION USE**
- **ALTERNATIVE TREATMENTS USED**
- **ENVIRONMENTAL TRIGGERS**

Let's start with some general questions about your asthma.

Complete **Form #1: Patient Information Form**. Ask ALL questions and any "probe" questions to clarify or give detail to patient answers.

You will use **Form #2: How Well Controlled is your Asthma?** during this process.

You will also need to provide **Form #5: Allergies: Things You Can Do to Control Your Symptoms** for patients with significant allergy responses and **Form #6: Smoking Cessation Resources** to patients who are smokers.

Note that a patient may give you information that is clearly based on a misunderstanding of asthma or asthma medications, or that indicates that he/she is engaging in behavior related to his/her asthma management that is incorrect or potentially harmful. If this occurs, it is acceptable to provide the necessary information or clarification at that time, including information that you would otherwise present during the "Provide Information" portion of the session. If you do this, be sure to quickly re-summarize that information again during the "Provide Information" portion of the script.

▪ IDENTIFY PATIENT GOALS

After completing **Form #1: Patient Information Form**, continue as follows:

Given everything you have told me, what would you say are your **primary goals** for your asthma treatment - what do you want your asthma treatment to do for you?

Complete the top of **Form #3: Asthma Treatment Goals** section.

Try to elicit specific, personally meaningful goals (for example, types of activities patient would like to be able to do). If patient's goal(s) is/are apparent from what they have already told you, state what you believe is/are their goal(s), and allow the patient to confirm this or make modifications/additions.
For example, you might say the following:

From what you have been telling me, it seems that your primary goal for your asthma care would be to _____. Would that be correct?

Is there anything else that you want the treatment to do for you?

If patient's goal is extremely unrealistic (such as "I want to get rid of the symptoms, but I don't want to take medicines everyday"), prompt patient to explore goals that are more feasible, using statements such as the following:

Yes, everyone wants that, but it may be very difficult with existing treatments. Although we can't eliminate your asthma entirely, we might be able to help you with some things that make it difficult to live with.

It may be very hard to control your asthma without daily medications, but we can talk about whether there might be changes in your environment or what kinds of medications you might take that would reduce the amount you need to take.

This is an opportunity to try to make some of those negative things about living with asthma better for you, so can you think of what you feel would be a noticeable improvement - one that would be meaningful to you?

If the patient's goal appears unnecessarily limited (for example, the patient appears to have accepted very poor control, severe activity limitations, or does not realize that better control is possible), inquire whether they would be interested in reducing their symptoms or the risk of asthma flare-ups, or whether they'd like to be able to do some particular thing they have given up. For example, you might say:

Many people, especially if they have had asthma for a long time, have gotten used to having symptoms or have given up on doing things they might like. However, with medications that are now available and better information on how to use them, most people can be free of symptoms most of the time and can lead an active life.

How would you feel about considering the possibility of reducing your symptoms and being able to be more active?

[If interested] We will talk about what medications might help you reach this goal and what you would need to do.

PROVIDE INFORMATION: HEALTH COACH

- **DETERMINE CURRENT UNDERSTANDING OF ASTHMA**
- **REVIEW WHAT ASTHMA IS AND HOW IT IS TREATED**
- **CONFIRM COMPREHENSION OF INFORMATION**

 Let's talk for a few minutes about what asthma is.

How would you explain to someone who doesn't have asthma what is happening in your lungs when you have an asthma episode?

How might you explain what is different about the lungs of someone who has asthma?

Listen to the patient's explanations. Determine whether there is an understanding of asthma as a **chronic problem** and of the underlying mechanisms of **bronchoconstriction and inflammation.**

 Let's look at these pictures and model of the lungs and see if it would help you explain asthma.

Show **Form #4: Facts About Asthma** and the **airway model**. Open the book "Taming the Wild Wheezes" to pages 2 and 3. Teach each bulleted topic in the handout and use the book to clarify. Concentrate on points the patient misunderstands, as evidenced by their initial explanation. Present all points listed. Patient misconceptions or unfounded concerns about side effects should be addressed, but without directly challenging the patient.

As part of teaching about environmental triggers, provide patient with **Form #5: Allergies: Things You Can Do to Control Your Symptoms.**

NEGOTIATION: HEALTH COACH

- **SUMMARIZE PATIENT GOALS AND INFORMATION**
- **REVIEW SPIROMETRY RESULTS WITH PATIENT**

 Now let's begin to consider treatment possibilities for you. Let's start with what you told me about your goals for your asthma care.

Summarize patient goals as stated on **Form #3: Asthma Treatment Goals.**

 Is there anything important missing?

 Incorporate any additions or modifications that patient mentions.

Begin the process of determining patient's asthma severity. Start by reintroducing **Form #2**: **How Well Controlled Is Your Asthma?** on which the patient indicated his/her perceived level of asthma symptom control.

Earlier you used this meter to show me how well-controlled you think your asthma symptoms are. You felt that it was [well/moderately well/poorly/or very poorly] controlled.

Let's look at what your spirometry results and symptoms tell us about your control.

Present and review the patient's spirometry results.

FVC is the total volume of air you exhaled during the entire 6-10 seconds. FEV1 is the amount of air that you exhaled during the first second of that test. These values are shown as percentages of the average values for a [woman/man] of your age and height. How much air you can blow out in the first second, FEV1, tells us how much your airways are blocked by inflammation and bronchoconstriction. Your FEV1 is high (over 80%) if you can blow a lot of the air out in the first second. However, the more your airways are blocked, the longer it takes to blow the air out because you are trying to force the air through a smaller passage. That is what it means if your FEV1 is low.

Discuss what the results mean in terms of amount of obstruction and potential for improvement.

- **PROVIDE ASSESSMENT OF PATIENT'S CURRENT SYMPTOMS**
- **CONTROL AND TREATMENT LEVEL**
- **DETERMINE CURRENT ASTHMA SEVERITY LEVEL**

Turn to **Form #7: How Severe is Your Asthma?** (for patients **NOT** on a controller medication) or **Form #7: How Well Controlled Is Your Asthma?** (for patients on a controller medication).

This handout has some guidelines that can be used to give a more specific indication of whether someone's asthma is [mild/moderate/severe (for patients not on a controller medication)] or is well-controlled or not (for patients on a controller medication), based on symptoms and lung function. For example, well-controlled asthma (the green area) means that a person has:

- Symptoms < 2 days a week
- Nighttime awakenings ≤ 2 times a month
- No interference with normal activity
- Albuterol use (rescue medicine) ≤ 2 days a week
- Normal FEV1 between exacerbations
- FEV1 > 80% predicted, FEV1/FVC normal
- Exacerbations requiring oral steroids 0-1 times a year

Using these symptoms and lung function guidelines, in what category would you place yourself on

this severity/control meter?

NOTE: If there is a discrepancy in the level of severity/control implied by symptoms versus lung function, you should use whichever criterion suggests a **poorer** level of control. You may apply clinical judgment if you suspect patient is a "poor perceiver" or is minimizing/denying perceived symptoms.

Compare this level of severity/control with patient's earlier estimate. If different, ask patient to explain why they think their earlier estimate was different from the current estimate.

For patients **NOT** on a controller medication – use the severity classification on the dial [mild intermittent or mild/moderate/severe persistent] to determine which "Step" to consider initiating treatment.

For patient on a controller medication – identify the control level [well controlled, not well controlled, or very poorly controlled] to decide whether to maintain, step down or step up therapy.

Now let's look at the various options that are used to treat asthma of this severity/control level and talk about ones that might enable you to meet your goals.

▪ WORK WITH PATIENT TO DEFINE MEDICATION PREFERENCES

Show patient **Form #8: Medication Options to Control Asthma**.

Be sure to select the formulary that matches the patient's age and insurance type

Here is a list of asthma controller medications and the dosages usually used to treat mild, moderate, or severe asthma.

You can see that as the severity of the asthma increases (going from the yellow to the orange and red areas), more puffs are usually prescribed and the frequency of the inhaled medications may change to twice a day rather than once. [Point to an example]

Often, for more severe asthma, different medications are added that have different effects on inflammation and dilation of the airways. [Point to an example]

This is the full range of medications that are currently available to control asthma. Some of the medications and combinations give more control over inflammation than do others. However, some combinations have other advantages.

Return to **Form #3**: and refer to the bottom section listing **Medication Preferences** (typically cost, control, side effects, and convenience). If the preferences of most and least concern to the patient are obvious from the previous discussion, start by ranking them.

We've listed your treatment goals. We know you want [goal] and [goal] and that you want/are concerned about [preference]. That suggests that you might be interested in medications that provide [some/moderate/very good/excellent] control over symptoms and inflammation and that you might be less happy with a medication that provided [more/less] control. (If control of symptoms/inflammation is part of patient's goal, check "Control" box under "Preferences")

Is paying for your medications a concern for you? [Or] You have mentioned that the cost of medications is a concern for you. I can suggest some generic options that will be more affordable. (If cost is a concern, check "Cost" box under "Preferences")

We can talk about potential side effects, where there are any, as we consider specific medications. [If relevant] I know you are concerned about [summarize any previously stated concerns]. (If patient has specific concern, check "Side Effects" box under "Preferences")

Convenience is really an individual matter. You can see that the medications on this list differ in how much they require you to do. Most are inhaled, but they come in different types of inhalers, and one is in a tablet form. [If relevant] You have said that it is important to you that [insert specific considerations regarding schedule, dosing, form of medication, type of inhaler, etc.] We will keep that in mind when we talk about specific medications and whether they will meet your needs.

- **DISCUSS REGIMEN OPTIONS**
- **NEGOTIATE A DECISION ABOUT TREATMENT**

With those things in mind, let's talk about which treatment options might meet your goals and preferences.

Your current medication(s) and the way you are taking it/them might end up being what you feel best meets your needs, but if we go over some other options, then at least you will know what else is available to choose from. Would that be OK with you?

Discuss specific options for patient's regimen, based on ASTHMA SEVERITY, TREATMENT GOALS, and MEDICATION PREFERENCES that are important to the patient. Do not rule out any options. You and the patient should consider regimens that are listed for the patient's severity level, but in some instances the patient may not accept any of these options as listed and you may have to negotiate options listed for a lower severity level than the patient's. In these cases, the patient should be informed that such a regimen is unlikely to control their asthma adequately.

- Some issues to consider in negotiation are:
    - **Relevant co-morbidities and concomitant medications** that may influence the choice of asthma prescriptions. Ask for any necessary clarifications or additional in formation from patient.

- **Chronic Rhinosinusitis:**
  - If patient scored 2 or more on chronic rhinosinusitis items asked on **Form #1: Patient Information Form**, incorporate negotiation of a prescription for a nasal steroid spray (Flonase, Nasonex) or antihistamine (Claritin, Zyrtec, Allegra) to take during the period between today's session and the follow-up appointment. Recheck at the follow-up appointment to determine whether continued use is appropriate.
- **GERD**
  - If patient said yes to any of the 3 GERD items asked on **Form #1: Patient Information Form**, incorporate negotiation of a proton pump inhibitor (PPI – Prilosec, Prevacid, Nexium, Protonix or H2 Blocker – Zantac, Pepcid).

- **If patient has had problems using specific asthma medications:**
  - Avoid choosing a medication that has caused the patient problems (e.g., past intolerance of Asmanex) unless you have reason to suspect that reported problems with medication were not actually due to the medication or could be mitigated by specific measures to avoid side effects (e.g., spacer, rinsing mouth, reminder aids).
  - If poor inhaler technique is an issue in terms of medication efficacy or side effects, assure patient that they will be taught how to use the device correctly or use a device/spacer and rinse mouth to minimize problems due to technique.
- **Special consideration for discussing Singulair alone as routine controller:**
  - Discussion of this regimen's features (pros and cons) should include telling patients that those who regularly take ONLY Singulair typically need to add an ICS when they have a URI.
  - **Patients who are just beginning a regimen of Singulair as their only controller** should be instructed that if a URI is accompanied by asthma symptoms, then adding an ICS will be needed. Those patients should be instructed to call you if they have a URI, as soon as they begin to experience a worsening of asthma symptoms. You may need to add an ICS to their regimen at that time, but a standing prescription will not automatically be provided.
- **For patients who have used or are currently using Singulair as their only controller**, you should investigate their previous history regarding URIs and their effects on the patient's asthma to determine whether they will need to add an ICS when they experience a URI.
  - Negotiation should consider including an ICS on the Asthma Action Plan as part of treatment during URI for patients for whom you believe it might be necessary.
- **Stepping up versus stepping down regimens:**
  - This is a potentially useful point of negotiation with patients. Patients whose primary goal is to get control of their asthma may choose to begin treatment with a strong dose of medication and attempt to reduce the dose when their symptoms have been controlled. Patients who are hesitant or concerned about strong doses of medication may prefer to start with a lower dose and gradually step up to a level that adequately controls their symptoms.

Select a medication regimen from the listed options to begin discussion with patient, considering patient's expressed GOALS and PREFERENCES.

Discuss the current regimen option with patient using **Form #9: Medication Planner.**

 **Form #9: Medication Planner**:

1. **Fill in current regimen and list important goals and preferences**, writing in how the regimen measures up on patient's goals and preferences.
2. If current de facto regimen does not include regular use of any controller, the inadequate control provided by this option must be mentioned (with the associated risks for a severe exacerbation) along with benefits the patient may see (e.g. low cost, convenience).
3. Patients may be using, or want to consider using, a controller only during their "bad" seasons. The pros and cons of this option, which is not one of the standard recommendations, should be discussed. That the patient has been informed of these considerations must be documented on the patient's Asthma Action Plan if a non-recommended option is negotiated. Similarly, if the patient refuses to use <u>any</u> controller on a regular basis, that needs to be documented on the Asthma Action Plan.

 **Write first new option on Form #9: Medication Planner.**

1. Describe how the option meets their specific goals and preferences.
2. Highlight degree of control it affords (or limitations in this regard compared with other options).
3. Mention other relevant features of the medication. With regard to cost, estimate cost to patient of a 1-month supply based on their insurance status. Cost to the patient will primarily be determined by their co-pay amount and the total number of different medications they are taking (including non-asthma medications). However, if patient has a medication cap, then consider whether the regimen will cause them to reach the cap before the year is over, taking into account other regular medication use as well.
4. Incorporate reduction of environmental triggers as appropriate. If there is trigger/allergen exposure, discuss whether or not patient could/would change exposure, and how this might influence medication requirement.
5. Incorporate negotiation of spacer use if patient currently does not use or uses one inconsistently. Present a spacer as one way to avoid side effects (thrush) while simultaneously providing more symptom control.

 **Present a second option** from the prescribing guidelines. If patient has goals or preferences that are not satisfied by the first option, then the second option presented should focus on the next

most important preference that the patient identified. If the first option addressed the patient's preferences but was not the option that provides optimal control, then it might be useful for the second option presented to be one step up from the first one in terms of control

1. Write it down on **Form #9: Medication Planner** as Option #2
2. Start by contrasting this option with the first new option and the current regimen. How does it differ?
3. Discuss level of control offered.
4. Discuss less important features last or omit if not relevant. Include estimated cost information.
5. Incorporate reduction of environmental triggers and/or spacer use as above.

Present a third option?

- If patient hesitates or does not seem satisfied with either of the first two, move on to the next best-fitting option for their situation using prescribing guidelines.
- When all options have been laid out, revisit environmental control issues. If patient will not make certain changes that could improve asthma control (e.g, cease smoking, give up a pet), urge patient toward an option that offers greater control.
- If patient is willing to make environmental changes that could reduce symptoms, then they would be more justified in choosing a regimen that might offer less control but that is better in terms of convenience, cost, and/or potential for side effects.

Let's take one last look at **Form #3: Asthma Goals and Medications Preferences** worksheet where we recorded your preferences. How well do you think this plan addresses your goals and preferences?

We've decided that you want to try/continue taking _____. We have gone over all of the pluses and minuses of this plan. Do you feel you are satisfied and ready to give this a try? Do you have any questions about it?

*****At this point, the patient's care will be transferred from the Health Coach to the Primary Care Provider. The Health Coach will need to complete all paperwork and give the forms to the PCP for review and documentation.*****

WRAP UP: PCP

- **PHYSICAL EXAMINATION**
- **TEACH BACK**
- **UPDATE ASTHMA HEALTH MAINTENANCE IN THE EMR**
- **WRITE PRESCRIPTIONS**
- **TEACH PROPER INHALER TECHNIQUE**

Hello _____. Looking at your medication planner, could you go over what you and the health coach decided about your asthma treatment plan?

I am going to write you a prescription for _____ (and __) that you can have filled today [or within 3 days if non-formulary medication is prescribed]. Here are some information sheets on these medications that you can take home with you. They may help if you have questions.

Give patient a copy of the relevant handouts from **Form #10**: **General Types of Asthma Medications** (i.e., those that correspond to their prescriptions). For all patients include:

1. The handout for short-acting beta agonists
2. The handout describing the difference between controllers and relievers, and
3. The handout "How Long Will Your Canister Last?"

- **GIVE ASTHMA ACTION PLAN**

Provide an **Asthma Action Plan** to all patients, even if the patient is going to continue on the same regimen and already has an action plan. This can be completed in paper format, through the electronic medical record, or online depending on clinic's preference.

I'll also write this down on your personal Asthma Action Plan.

1. Write down the agreed-upon regimen in the "Green Zone."
2. You may use your clinical judgment in deciding whether to instruct a patient to contact you if (s)he experiences symptoms in the "Yellow Zone" of the action plan.
3. Consider prescribing (and include on action plan for "Red Zone" symptoms) a prescription for an oral corticosteroid "burst."
    i. For example - Prednisone (20 mg tablets) -take 40 mg (two 20 mg pills) for 5-10 days until symptoms are back to baseline for 48 hours.
    ii. If patient uses a peak flow meter, then it can be incorporated into the description of the action plan, but do not actively encourage or discourage peak flow meter use. You may use a peak flow meter during the session to help you later evaluate

the efficacy of therapy if you choose.

4. When discussing "Red Zone" symptoms, instruct patients that if there is an escalation and persistence of symptoms listed (not just presence of those symptoms), they should call their PCP or triage nurse, who will advise them on what actions to take. Patients should go to the ER/urgent care or call 911 if they experience symptoms that include: (1) having trouble walking or talking due to shortness of breath, or (2) having lips or fingers turn blue or grey.
5. Check patient's understanding of routine medication schedule and action plan.

I'd like for you to pretend that I am a family member who wants to know what your asthma medication schedule is and what you would do if you have symptoms. Can you practice telling me what you would say? Include all the information - the medication name(s), the amount, and the frequency.

Make sure patient can describe his/her action plan accurately. Coach until (s)he can state it correctly.

▪ REVIEW PROPER INHALER TECHNIQUE

It is also important to make sure that your inhaled medicine(s) really get(s) down into your lungs where it/they will be the most effective in reducing your asthma symptoms.

If inhalers are not used correctly, the medications don't help much because they can't get all the way down into the narrow airways where the asthmatic reaction is taking place. That is true for both your albuterol (quick relief medicine) and the inhaled controller medications.

If patient uses both an HFA and a DPI (Advair Diskus)

It can also be difficult for patients using both types of inhalers - HFA's and DPl's -because the proper techniques for the two are different in ways that can be confusing.

Let's take a minute before we finish here to review the correct way to use your inhaler(s).

Review and demonstrate proper inhaler technique for patient using all relevant sheets from **Form #11: How to Use Your Inhaler**.

Then have patient demonstrate technique. Coach until proper technique is achieved, using checklist on the last page of **Form #11: How to Use Your Inhaler**. If more than one type of inhaler is prescribed, highlight differences between the two as you review, demonstrate and coach. (Note: all patients should get demo of HFA for use of their albuterol inhaler)

Give patient a copy of only the relevant handouts from **Form #11**: **How to Use Your Inhaler** (i.e.,

those that correspond to their prescriptions). All patients should receive an HFA inhaler use handout.

If appropriate to the patient's inhaler, prescribe a spacer and emphasize its effectiveness in delivering medication. The strength of the recommendation to use a spacer should be directly proportional to the strength of the medication(s) patient is taking because the potential for side effects (e.g. thrush) increases as the medication strength increases. Provide all patients with information about proper cleaning of spacer. If patient has brought his/her spacer, check its condition to determine whether a new one should be prescribed.

- **GIVE ASTHMA DIARY**
- **SET UP FOLLOW UP APPOINTMENT**

OK, this is our plan! You have a prescription(s) and we have reviewed your inhaler technique together, and you've agreed to try this medication for one month. Then we will meet again and talk about how things are going for you.

It is very important for you to really give this plan a chance to work. I'd like for you to keep track of your asthma symptoms from now until our next meeting. It can be very helpful to closely follow what is happening with your symptoms. Have you ever kept an Asthma Diary? Sometimes when we keep track of things carefully, we begin to see patterns that we didn't notice before.

Show patient **Form #12**: **One Week Asthma Diary** and explain how to fill it out. Have patient complete Day l column for the day preceding this session. Determine whether patient understands how to complete the diary. Answer any questions. Give patient 4 copies.

If they have chosen a regimen with good control.	If they have chosen a regimen with less control.
You probably won't see very much change right away, but if you are taking the medicine every day, you should begin noticing that your symptoms are getting a bit better within a couple of weeks.	You might not see as much of a change in your symptoms as you would with a more intense plan, but this will help you to see how much improvement you get.

We can talk about what has happened and how you feel about it when you come back in a month for your follow-up appointment. If something doesn't seem right or you have a question, please

feel free to call me in between. I'd rather you called me than to wait and find out something hadn't gone right. Does this sound OK? How confident do you feel about being able to take this/these medications for the next month?

Affirm their choice if they don't seem especially confident. Explore barriers and try to identify ways to overcome them. Assure them that they can change the plan if it is not working for them.

When you check out, a follow-up appointment can be scheduled in approximately 1 month from now.

Indicate on discharge paperwork that follow-up appointment is to be scheduled in approximately 1 month.

We will make copies of the forms we completed today, so that you and I can both have them.

Make photocopies of the following forms: (scan into EMR)

- Asthma goals/preferences
- Medication planner
- Asthma action plan (if completing paper or online version)

Here are your copies of the forms and discharge papers. If you do have problems with your asthma (if you get into the red zone on your action plan), you should follow the instructions on the Asthma Action Plan "Red Zone" regarding your medication use and contact me or the triage nurse. Of course, if the problem is severe, as the action plan indicates, you should seek urgent care or ER care, or call 911. Contact me afterward if you have had to go to urgent care or the ER for asthma. **Is there anything else you would like to ask or discuss?**

I would like to thank you for coming in today. I look forward to seeing you next time.