

NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

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Title

A Closer Look – EMR Review of Coach McLungsSM; Is Shared Decision Making Taking Place?

Priority 1 (Research Category)

Healthcare informatics

Presenters

Kelly Reeves, BSN, MSN, RN, UXC, Brianna Gutch, BS, Kristen Minehart, BS, Thomas Ludden, PhD, Shaina Glass, BS, MA, Hazel Tapp, PhD, Nick Stevens, MS, Margo Burnard, BA, Melanie Hogg, MS, Lindsay Shade, MHS, PA-C, Caroline Cox, PharmD, Kasey Boehmer, PhD, MPH, Rachel Frazier, MPH, Jeremy Thomas, MSW

Abstract

Context: Asthma is a prevalent chronic disease that is difficult to manage. Studies have shown that effective communication between the patient and provider, or shared decision making (SDM), is associated with improved outcomes for asthma patients. Coach McLungsSM (CML), an app-based pediatric asthma SDM intervention, generates summary reports for patients and providers so both can reach a mutual treatment decision. Objective: To assess intervention fidelity, we are monitoring documentation in the electronic medical record (EMR) of each coached patient. Study Design and Analysis: the EMR was reviewed to see if CML was delivered, SDM occurred, the patient's perceived asthma severity or control matched their CML-assessed asthma severity or control, and if medication changes occurred. Setting: CML app is being implemented across 21 primary care practices within Atrium Health, a large integrated healthcare system. Population Studied: English speaking patients ages 7-17 with a diagnosis of asthma without a severe learning disability, blindness, or hearing loss. Intervention/Instrument: Chart review. Outcome Measures: Level of severity or control, SDM documentation, and changes in medications. Results: Of 224 patients' charts reviewed, 92% had CML documented. Within provider notes: 43% mentioned CML; 47% commented on asthma progress or goals; 47% had documentation of SDM; 29% responded to the provider summary report, and 35% discussed stepping up treatment to improve asthma control. Of the 207 patient/provider visits, patients with documented SDM were twice as likely for their perception of asthma severity or control to be better than CML-assessed severity/control, ($\beta = 0.8245$, $P = .006$; OR [95%CI] 2.28 [1.268, 4.101]) and two times as likely to experience a step-up in medication ($\beta = 0.888$, $P = .002$; OR [95%CI] 2.43 [1.356,

4.356]). Patients with stepped-up medication plans were twice as likely for their perception of level of severity/control to be better than the CML-assessed severity or control ($\beta = .7122$, $P = .023$; OR [95%CI] 2.04 [1.091, 3.810]). In other words, the SDM intervention is developing discrepancy that enables the patient to understand that they could do better than they are, facilitating a medication step-up.

Conclusions: Results of chart review demonstrate that CML is being delivered, SDM is occurring during provider visits, and patients are receiving appropriate asthma management to improve their control.

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