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

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## Title

*Primary care severe asthma registry project-phase 1: e-Delphi results for registry entry and indices of clinician behaviour*

## Priority 1 (Research Category)

Pulmonary and critical care

## Presenters

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## Abstract

Context: A severe asthma registry in primary care is needed to determine the population prevalence and best practices in the real world. Objective: To establish consensus on a) a definition of severe asthma, b) criteria for severe asthma registry entry and c)indices of clinician behaviour. Study Design and Analysis: We conducted an e-Delphi panel in four rounds. We used open-ended survey in Round 1 to identify potential items to be considered as criteria for consensus items (a, b and c) above. A 5-point Likert scale from strongly disagree to strongly agree was used for voting on these items in Rounds 2 and 3. Criteria which had ≥80% votes on neutral, agree or strongly agree entered the next round. Consensus criteria were established at the end of Round 3. In Round 4, panelists categorized these criteria as core, desired or optional data elements. Setting or Dataset: The University of Toronto Practice-based and Learning Research Network (UPLEARN) in Ontario, Canada, comprises ~400 primary care physicians contributing data on ~400,000 patients. Population Studied: Family physicians, respirologists, allergists, respiratory therapists, and respiratory researchers from within and outside of UPLEARN were purposively sampled to participate on the e-Delphi panel. Outcome Measures: Consensus definition of severe asthma and criteria for assessing clinician behaviour index (CBI) and entering patients into the severe asthma registry. Results: After three e-Delphi rounds, experts achieved consensus on two definitions of severe asthma, 14 of 16 survey items for CBI and 10 of 11 items for registry entry criteria. 11 of 13 consensus criteria for CBI and 4 of 10 items for registry entry were voted as core data elements and are deemed feasible to be abstracted from electronic medical records (EMR). Conclusions: Expert consensus criteria have been developed for assessing clinician behaviour in asthma management and for entering patients into a primary care severe asthma registry.

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