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# Getting evidence into practice using an asthma desktop tool

**BACKGROUND**

Failure to utilise evidence in asthma care is leading to avoidable asthma symptoms for sufferers and costs to health services.

**OBJECTIVE**

This article describes a collaboration between a division of general practice and a university department of general practice to improve uptake of evidence based asthma treatments and to better educate patients.

**DISCUSSION**

The division of general practice drew upon lessons from university based research within its locality producing an 'asthma desktop tool'. This combined evidence based clinical guidance for practitioners with educational information for patients in paper and electronic formats. The tool has been provided to all local general practices, hospitals and pharmacists to facilitate uptake of best practice guidelines and enhance patient knowledge and understanding. The division has directly responded to university based research producing a practical solution to some of the identified problems. This demonstrates that with appropriate resources and support, divisions are well placed to translate research into practice, and combine with academic institutions to produce worthwhile results.

**In 2002, the Yorke Peninsula Division of General Practice (YPDGP) collaborated with Adelaide University Department of General Practice together with local consumers, pharmacists, hospital and allied health staff, in a study aimed at improving asthma care by focussing on the interface between rural acute hospital and primary care settings.<sup>1</sup> This study looked at asthma patients presenting to emergency departments within the YPDGP, asking: 'What factors have led to this emergency?' Key issues and problems were identified through case note audits, consumer surveys, semistructured interviews, and stakeholder workshops, and solutions sought to improve care.**

The study demonstrated that:

- evidence based best practice was often not followed
- compliance with preventer medications in this group was low
- patient knowledge and understanding of asthma was lacking, and

- asthma treatment and education was not consistent between different sites and caregivers.

Local research findings were consistent with work done elsewhere which showed that the application of evidence in the treatment of asthma is suboptimal resulting in avoidable disease symptoms, risks and costs.<sup>2</sup> One method proven to be capable of improving uptake of evidence is the use of clinical decision support tools.<sup>3-5</sup> It has been shown that several factors are influential in the success or failure of such tools. Among the factors that significantly increase the likelihood of success are the provision of support at the time of decision making, computerisation, and the provision of a recommendation rather than just an assessment. In addition, being able to share decisions with patients appears to be of benefit.<sup>3</sup>

Education of patients is also crucial. Provision of patient education has been demonstrated to have beneficial effect on days lost from work or school,<sup>6-8</sup> compliance with preventer medication,<sup>6</sup> quality of life and extent of symptoms experienced,<sup>6-9</sup> and readmission.<sup>7,9</sup> However, the education needs to be of a good quality to be effective.<sup>10</sup> We describe

a response to the local research findings by the YPDGP that attempts to redress the problems described above, and in so doing demonstrate a collaboration between a division of general practice and local university department of general practice to put both local and national evidence into practice.

## Development of the tool

Following completion of the research,<sup>1</sup> meetings were held between the YPDGP asthma educator, the research officer for the project, and a local general practitioner with an interest in asthma, to reflect on the outcomes and find ways to address identified problem areas. All three were directly involved in the original research. These meetings led to the creation by the YPDGP of an 'asthma desktop tool'. This tool combined evidence based best practice guidelines with an educational patient resource. Authoritative Australian evidence based guidelines were used to inform the development and to ensure its relevance.<sup>11-14</sup> It was created both in electronic and hard copy formats. In hard copy, it was designed as a double sided A5 flip-top stand alone chart with clinical guidelines on one side and patient education information on the other (Figure 1). The electronic version is available from the YPDGP website at [www.ypp-connect.net/~ypdgp](http://www.ypp-connect.net/~ypdgp).

Topics include acute and chronic asthma assessment and treatment guidelines on one side, and topics for patients such as: what is asthma?, inhaler technique, asthma triggers, recognising attacks; and asthma first aid on the other.

The 'asthma desktop tool' has been provided to all practices, hospitals and pharmacies in the YPDGP area free of charge, and is more widely available on request. Access to the general practices was facilitated by 100% divisional GP membership and good relationships between division and practice staff. Regular prior contact between division and hospital and pharmacy staff across a range of issues similarly ensured good communication. Evaluation of the use of the tool will occur in 12 months.

## Conclusion

Divisions of general practice are in an ideal position to help bridge the gap between university academic departments and every day clinical practice. Divisions are unique in their relationships not only with GPs but with other members of the local health care team such as pharmacists, country hospitals, practice nurses, and disease educators. Their role in supporting primary care enables them to assist in the application of research in a flexible manner, and they are ideally placed to partner with academic institutions to achieve mutually beneficial outcomes, in particular, translation of research findings into practice.

## Summary of important points

- Getting evidence into practice remains a major challenge in Australian health care.
- Failure of use of evidence in asthma care and lack of good quality patient education is resulting in poor symptom control, avoidable risks, excess hospital admissions and costs.

Conflict of interest: none.

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Figure 1. Asthma desktop tool