

How to Use ASTHMA IQ for Specialists

Table of Contents

Introduction	3
Description of General Functions	3
Getting Started with ASTHMA IQ.....	4
Single Provider	4
Clinic Use with Multiple Providers.....	4
Patient Management Section	5
Step 1 Create a Patient Record	5
Select or Add Patient	5
Add New Patient	6
Asthma/Allergy Information	6
Entering Dates.....	7
Components of the Patient Record	8
Step 2 Create a Patient Visit	9
The Components of the Patient Visit.....	9
List of Patient Visit Questions	9
Initial Visit Questions/Visit Information	12
Tab 1: Visit Information	12
Tab 2: History.....	14
Medication History	14
Medication Side Effects	14
Exacerbation History.....	15
Tab 3: Vitals.....	16
Tab 4: Asthma Tests.....	16
Tab 5: Exam.....	16
Tab 5: Severity/Control/ Assessment	17
Severity/Control Assessment - Impairment.....	17
Severity/Control Assessment – Risk.....	18
Severity/Control Assessment – Result.....	18
Tab 5: Exacerbation Assessment	19
Tab 6: Recommendations	20
Tab 7: Plan.....	21
Treatment Plan	21
Followup Plan.....	22
Action Plan	22
Billing Information	22
Example of Interactive Action Plan.....	23
Tab 8: Education.....	24
Tab 9: Summary	25
Summary Report.....	25
Text Summary	26
Export as CCR	26
Saving a Visit	26

How to Use ASTHMA IQ for Specialists

Step 3: Review Asthma Status Screen	27
Step 4: Notes	28
Step 5: Select a Different Patient	29
Feedback	29
Library	30
Practice Management Section	31
Practice Metrics Tab	31
Practice Improvement Tab	32
Step 1 – Create Improvement Plan	33
Step 2 – Monitor Improvement Plan	35
Step 3 – Analyze Plan	36
Step 4 – Print Summary/CME Report	37
Practice Improvement History and Reports	38
Pay for Performance Tab	39
Measure #1: Assessment of Asthma Control.....	40
Measure #2: Tobacco Use - Screening.....	41
Measure #3: Tobacco Use - Intervention	42
Measure #4: Pharmacologic Therapy for Persistent Asthma	43
Clinic Management Section	44
Clinic Staff Tab	45
Preferences Tab	45
Clinic Info Tab.....	45
Report Templates Tab.....	45
Clinic Metrics Tab.....	46
Report Generator Tab.....	46
Record Management Tab	48
Forms Tab	49

How to Use ASTHMA IQ for Specialists

Introduction

Mozilla Firefox

ASTHMA IQ Specialist • Menu

Dr. Demo User [\(Change Password\)](#) [\(Logout\)](#)

Patient Management

Patient Management

- Create new patient record
- View existing patient records
- Search patient records
- Create patient notes
- Create patient visit
- Edit existing patient visit
- View patient asthma status

Practice Management

Practice Management

- Practice metrics (for individual doctor)
- Practice Improvement module
- Quality measures for Pay for Performance

Clinic Management

Clinic Management

- Clinic metrics (for all clinic doctors)
- Setup ASTHMA IQ including:
 - Clinic contact information
 - Setup and manage clinic staff
 - ASTHMA IQ preferences
 - Setup forms and reports
- Record management

[Feedback](#) | [Help](#) | [Library](#)

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Description of General Functions

ASTHMA IQ is divided into 3 sections: Patient Management, Practice Management and Clinic Management. You can switch sections by clicking Change Section link at the top of the ASTHMA IQ screen.

Patient Management

In the Patient Management section you can:

- Create a new patient record
- View existing patient records
- Search patient records
- Create patient notes
- Create patient visits
- Edit an existing patient visit
- View patient asthma status and history

How to Use ASTHMA IQ for Specialists

Practice Management

In the Practice Management section you can:

- View practice metrics for an individual doctor
- Complete a Practice Improvement Plan for CME credit and Maintenance of Certification
- View and print performance for quality measures

Clinic Management

In the Clinic Management section you can:

- View clinic metrics (for all clinic doctors enrolled in ASTHMA IQ)
- Setup ASTHMA IQ including:
 - Clinic contact information
 - Setup and manage clinic staff
 - ASTHMA IQ preferences
 - Setup forms and reports
- Record management

This document describes how to use the features of all three sections.

Getting Started with ASTHMA IQ

Before you get started with ASTHMA IQ, you should decide how you want to use it.

Single Provider

It can be used by a single provider to track their patients, to learn about the EPR-3 Guidelines for CME credit, to demonstrate Practice Improvement, and to print reports of performance on quality measures for asthma care.

Clinic Use with Multiple Providers

It can also be used by a group of providers in a clinic practice. These providers will be able to access any clinic patient already in the ASTHMA IQ system. **If you decide to use it as a Clinic, only 1 person needs to register.** The first person to register for the Clinic is automatically granted full Provider and Administrator privileges. The other providers and users of the ASTHMA IQ system can be enrolled in the Clinic Management section. To do this, go to the first tab, Clinic Staff and click the New button.

Users of the ASTHMA IQ program can be assigned different roles, which allow different functions to be performed. The following is a list of roles and functions:

- Provider – full access to all functions in Patient, Provider and Clinic Management sections
- Report Administrator – limited access to the Clinic Management Report Generator functions
- User Administrator – limited access to the Clinic Management Clinic Staff section
- Clinic Administrator – access to all functions in the Clinic Management section
- Allied Clinic Staff – access to all functions in the Clinic Management section

How to Use ASTHMA IQ for Specialists

Add New Patient

The screenshot shows the 'Add New Patient' form. A yellow arrow points to a lock icon above the Patient ID field. The form includes the following fields and options:

- Patient ID* (with a lock icon)
- Date of birth* (01/21/2011)
- Gender* (Female, Male)
- Race/Ethnicity* (Select...)
- Patient name (First name (Given name), Middle initial, Last name (Family name))
- Email address
- Phone number
- Patient address (City, State/Province, Zip/Mailing code)
- Country (Select...)
- Primary Provider* (Dr. Demo User)
- Asthma diagnosis year (Select...)

On the right side, there is a sidebar with the following text:

Enter patient information on this page.
Required fields are marked with an asterisk(*).
The Patient ID must be a unique number inside your clinic.

At the bottom right of the sidebar, there is a link: ? Learn more about record security

At the bottom of the form, there are 'Add' and 'Cancel' buttons.

This is the New Patient page for creating a patient record. Notice that Patient ID number, Date of birth, Gender, Race/Ethnicity, and Primary Provider (as indicated by an asterisk) are required.

Privacy/Security

The lock symbol at the top of the screen (see arrow) indicates that the Patient Information on this page is encrypted and kept separate from the rest of the patient record. No one will be able to see the identity of the patient except the clinician and authorized staff. Some clinicians may choose not to use the patient name as an identifier, so the patient name is not required. If name is not used, all patients will be identified by the Patient ID number. You are required to enter a unique Patient ID number for all patient records in ASTHMA IQ.

Asthma/Allergy Information

Date of diagnosis

Asthma IQ is meant to be used for patients with a diagnosis of asthma. A patient receiving long-term control medication is an appropriate patient for ASTHMA IQ, even if the diagnosis of asthma is not confirmed.

How to Use ASTHMA IQ for Specialists

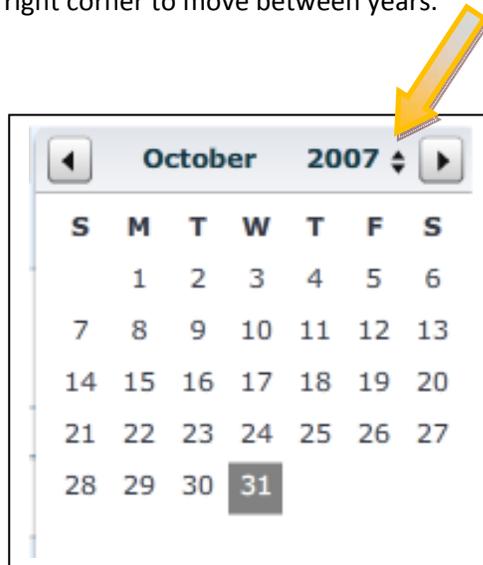
Entering Dates

To enter Date of birth, type the date in the box in the format: mm/dd/yyyy.

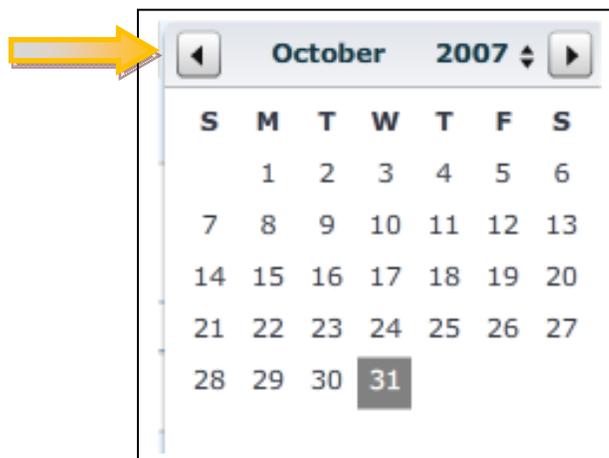
Using the Calendar

Another way to enter the Date of birth is to use the calendar.

Use the up and down arrows in the top right corner to move between years.



To move between months, use the left and right arrows at the top of the calendar.



How to Use ASTHMA IQ for Specialists

Components of the Patient Record

The screenshot shows the 'ASTHMA IQ Specialist • Patient Management' interface. At the top, it displays 'Patient, Adult ID# 12346 22 yo M' and user information 'Dr. Demo User'. Below this are three tabs: 'Visits', 'Asthma Status', and 'Notes'. A yellow arrow points to the 'Notes' tab. To the left of the main content area, there is a section for creating or editing visits, with a yellow arrow pointing to the 'Add New Visit' button. The main content area features a table with the following data:

Visit Date	Assessment Ty	Assessment Result	Treatment Plan
07/14/2009	Control	Not Well Controlled	1 2 3 4 5 6
09/02/2008	Control	Not Well Controlled	1 2 3 4 5 6
08/01/2008	Control	Well Controlled	1 2 3 4 5 6
06/01/2008	Control	Well Controlled	1 2 3 4 5 6
05/01/2008	Control	Well Controlled	1 2 3 4 5 6
03/03/2008	Control	Very Poorly Controlled	1 2 3 4 5 6
02/04/2008	Control	Very Poorly Controlled	1 2 3 4 5 6

At the bottom of the table, it says '7 visits displayed' and there is an 'Edit Visit' button.

There are 3 components of the Patient Record as indicated by the 3 tabs at the top of the screen. They are:

- Visits
- Asthma Status
- Patient Notes

Patient Visits are displayed after you select a patient. Click the “Add New Visit” button to create a visit for this patient.

How to Use ASTHMA IQ for Specialists

Step 2 Create a Patient Visit

The Components of the Patient Visit



There are 9 components to the Patient Visit questionnaire as indicated by the 10 tabs at the top of the page. They are:

- Tab 1: Visit Info (completed when beginning a new patient visit)
- Tab 2: History
- Tab 3: Vitals
- Tab 4: Asthma Tests
- Tab 5: Exam
- Tab 6: Severity/Control/Exacerbation Assessment
- Tab 7: Recommendations
- Tab 8: Plan
- Tab 9: Education
- Tab 10: Summary

List of Patient Visit Questions

Tab 1: Initial Visit Information/Visit Information

1. Visit date
2. Provider
3. Exacerbation Y/N
4. On long-term control medication Y/N
- 4. a. ACT test score***
5. Persistent asthma Y/N
6. What type(s) of asthma does the patient have?

*** Required to see Asthma Severity or Control Classification - Result: ACT score and Peak Flow OR Spirometry results**

Tab 2: History

1. Medication History
2. Medication Side Effects
3. Exacerbation History
4. Smoking History
5. Family History

Tab 3: Vitals

1. Height and Weight
2. Temperature
3. Blood Pressure and Pulse
4. Respirations

How to Use ASTHMA IQ for Specialists

Tab 4: Asthma Tests

1. **Peak Flow Results***
2. **Spirometry Results***
3. Fractional Exhaled Nitric Oxide (FeNO)
4. IgE Level

*** Required to see Asthma Severity or Control Classification - Result: ACT score and Peak Flow OR Spirometry results**

Tab 5: Exam

1. Review of Symptoms
2. Physical Exam

Tab 6: Severity/Control Assessment

1. **Symptoms Frequency****
2. **Nighttime Awakenings Frequency****
3. **Use of Rescue Inhaler****
4. **Interference with Normal Activity****
5. **Severity/Control Assessment – Risk: Number of Recent Exacerbations (last 12 months)**
6. **Severity/Control Assessment - Result**
Classify Severity (EPR-3 Guidelines Recommendations) – displays if patient is NOT on long-term control medications
OR
Classify Control (EPR-3 Guidelines Recommendations) – displays if patient is on long-term control medications

**** Required to see Severity Classification/Control Classification – Result if ACT score not entered.**

Tab 6: Exacerbation Assessment (Alternate to Severity/Control Assessment)

1. Fever
2. Exacerbation Duration
3. Exacerbation Trigger
4. Interference with Sleep
5. Use of Rescue Inhaler
6. Patient Missed School
7. Patient Missed Work
8. Management of the patient prior to visit
9. Management of the patient during this visit

Tab 7: Recommendations

1. Seasonal Influenza Vaccination
2. Medication Adherence
3. Inhaler/Nebulizer Technique
4. Asthma Allergens & Triggers
5. Comorbidities

How to Use ASTHMA IQ for Specialists

Tab 8: Plan

1. EPR-3 Recommendation/Treatment Plan
2. Followup Plan
3. Action Plan
4. Billing Information

Tab 9: Education

1. General Education Topics
2. Allergic Trigger Avoidance
3. Non-allergic Trigger Avoidance
4. Skills

Tab 10: Summary

1. Summary Report
2. Text Summary
3. Export as CCR

How to Use ASTHMA IQ for Specialists

Initial Visit Questions/Visit Information

Tab 1: Visit Information

Questions include:

1. Visit date
2. Provider
3. Exacerbation Y/N
4. On long-term control medication Y/N

4a. ACT test score*

5. Persistent asthma Y/N

* Required to see Asthma Severity or Control Classification - Result

New Patient Visit 05/04/2011 (Patient, Adult ID# 12346 - Age 22)

Visit Info | History | Vitals | Asthma Tests | Exam | Control Assessment | Recommendations | Plan | Education | Summary

Visit Information

1. What is the date of this visit?
Visit Date: 05/04/2011

2. Which provider is the patient seeing?
Provider: Dr. Demo User

3. Is the patient currently experiencing an *exacerbation* (an increase in symptoms requiring increased treatment)?
 Yes No

4. Is the patient taking long-term asthma control medication (e.g., inhaled corticosteroid, long-acting beta2-agonist, theophylline, leukotriene receptor antagonist, zileuton)?
 Yes No

4a. What is the patient's Asthma Control Test (ACT) score?
ACT Score: ACT Calculator

5. Does the patient have persistent asthma?
 Yes No

6. What type(s) of asthma does the patient have?
 Allergic Seasonal Continual
 Non-allergic Perennial Episodic

Exacerbations
Long-term Control Medications
Asthma Control Assessment
Persistent Asthma

Clicking "Save Visit" will close this visit. Use the tabs at the top to access other sections.

Save Visit Cancel

It is important to complete all the questions in the Initial Visit screen because the answers to these questions determine the questions asked in the Tab 5: Severity/Control/Exacerbation Assessment area of the patient visit.

1. If the answer to question 3 is Yes, then Exacerbation Assessment questions are asked.
2. If the answer to question 4 is No, then Severity Assessment questions are asked.
3. If the answer to question 4 is Yes, then Control Assessment questions are asked

How to Use ASTHMA IQ for Specialists

Note: If an ACT score is entered, the Control Assessment questions are not shown in Tab 5.

Other Features

- The Visit Date defaults to today's date. If the Visit Date is different than today's date, make sure you enter the date of the visit by typing the visit date in the box or by clicking on the calendar icon.
- Question 4a asks for the results of the ACT score. If it has not been done ahead of time, the link to the ACT calculator can be used to indicate the answers to the questions and get the ACT score. ACT or Child ACT forms can be printed from the Forms section in the Clinic Management section.
- Links to topics in the EPR-3 Library are on the right and are indicated by .

How to Use ASTHMA IQ for Specialists

Tab 2: History

Questions include:

1. Medication History
2. Medication Side Effects
3. Exacerbation History
4. Smoking History
5. Family History

Medication History

New Patient Visit 05/04/2011 (Patient, Adult ID# 12346 - Age 22)

Visit Info History Vitals Asthma Tests Exam Control Assessment Recommendations Plan Education Summary

Medication History

1 SABA class (Unknown) unknown Inhaled
1 unknown unknown Edit Delete
Type: **Quick Relief** Class: **SABA**

2 High-dose ICS (Unknown) unknown Inhaled
1 unknown unknown Edit Delete
Type: **Long Term Control** Class: **ICS (High dose)**

+ Add Prescription

Current Treatment Step 1 2 3 4 5 6

Long-term Control Medications
Quick-relief Medications
EPR 3 Treatment Step Diagram

To add a medication to the list, click the + Add Prescription button.

1 Type drug name here... Drug not listed

Select dosage... Select frequency... Save Prescription Cancel

Type: **Other** Short Course

Current Treatment Step 1 2 3 4 5 6

Long-term Control Medications
Quick-relief Medications
EPR 3 Treatment Step Diagram

Start typing a drug name in the list and a list of asthma drugs will appear that match what you have typed. Select one and then fill in the other boxes. If the drug you want is not in the list, click the Drug not listed button and fill in the fields. When you click the Save Prescription button, the drug and dosage will be added to the medication list. If the drug combination matches an EPR-3 Treatment Step, the step will be highlighted in the Current Treatment Step graphic. You can refer to the EPR-3 Treatment Step diagram by clicking the link in the right.

Medication Side Effects

The medication side effects question appears only if there is a medication listed in the Medication History list.

How to Use ASTHMA IQ for Specialists

Exacerbation History

Date	Management Actions

Exacerbations

Create Edit Delete

This question is required in order to receive feedback from the EPR-3 Guidelines for Severity or Control Classification. Click the Add/Change Exacerbations button to make changes to the list.

Add New Exacerbations

Exacerbation Date: 03/2008
mm/yyyy

Management actions taken

- Oral/systemic Corticosteroids
- Urgent Office Visit
- ER Visit
- Hospitalization
 - ICU
 - Intubation

Save Cancel

First select a date by typing in the box (*mm/yyyy*). Then select one or more options and click “Save”.

Repeat this process to enter all exacerbation events, especially those that have occurred in the last 12 months.

It is important to keep track of exacerbation events. A count of the number of exacerbations requiring oral/systemic corticosteroids that have occurred in the last 12 months shows up on the Severity/Control Assessment tab and it impacts the Asthma Severity/Control level.

How to Use ASTHMA IQ for Specialists

Tab 3: Vitals

1. Height and Weight
2. Temperature
3. Blood Pressure and Pulse
4. Respirations

*** Required to see Asthma Severity or Control Classification - Result: Peak Flow OR Spirometry results**

Useful Features

- After the height and weight are entered, the BMI is calculated and the BMI category is displayed.

Tab 4: Asthma Tests

1. **Peak Flow Results***
2. **Spirometry Results***
3. Fractional Exhaled Nitric Oxide (FeNO)
4. IgE Level

Useful Features

- The patient's history charts for Spirometry, Peak Flow, FeNO, and IgE tests can be seen by clicking the links on the right side of the screen.
- In Peak Flow, after Current and Personal Best values are entered the calculated %Personal Best and %Predicted are displayed. The %Predicted is calculated only if a height has already been entered.
- In the Spirometry area, a recommendation appears about whether or not a Spirometry assessment is recommended for this visit, according to the EPR-3 Guidelines. If you click the Assess button, the Spirometry window opens up. After entering the FEV₁ and FVC values for either Pre or Post, the FEV₁/FVC ratio and FEV₁ % predicted values are calculated (if height is also entered in the Vitals tab). These values can be overridden. (See EPR-3 library for recommendations about when to perform Spirometry testing).
- If pre and post FEV1 values are entered, the program automatically calculates the percent change.

Tab 5: Exam

1. Review of Symptoms
2. Physical Exam

Click on a component of the Review of Symptoms or Physical Exam and options will be displayed under each item.

How to Use ASTHMA IQ for Specialists

Tab 5: Severity/Control/ Assessment

Severity/Control Assessment - Impairment

Patient Visit 05/04/2011 (Patient, Adult ID# 12346 - Age 22)

Visit Info | History | Vitals | Asthma Tests | Exam | Control Assessment | Recommendations | Plan | Education | Summary

Control Assessment - Impairment

Review the information below about the impairment domain of control.

Symptoms Frequency - Last 2-4 weeks

None Multiple times on 2 or less days per week Daily
 2 or less days per week More than 2 days/week (but not daily) Throughout the day

Nighttime Awakenings Frequency - Last 2-4 weeks

None 2 times per month 2-3 times per week Often 7 times per week
 1 time per month 3-4 times per month 4-6 times per week

Use of Rescue Inhaler - Last 2-4 weeks

None More than 2 days per week (but not daily) Several times per day
 2 days or less per week Daily

Interference with Normal Activity - Last 2-4 weeks

None Minor limitation Some limitation Extremely limited

FEV₁ % Predicted
Peak Flow % predicted

Clicking "Save Visit" will close this visit. Use the tabs at the top to access other sections.

Save Visit Cancel

Symptoms Frequency
Nocturnal Awakening
Frequency of SABA Use
Activities (Quality of Life)
Control Impairment

The following questions are displayed for a Severity or Control Assessment. If in a Control Assessment and an ACT test score has been entered, these questions will not be shown. If they are showing, all are required to receive feedback from the EPR-3 Guidelines for Severity or Control Classification.

1. **Symptoms Frequency**
2. **Nighttime Awakenings Frequency**
3. **Use of Rescue Inhaler**
4. **Interference with Normal Activity**

Lung function test results, FEV₁ %Predicted and Peak Flow %Personal Best, are displayed here if entered in the Vitals tab.

How to Use ASTHMA IQ for Specialists

Severity/Control Assessment – Risk

Control Assessment - Risk

Review recent asthma exacerbations below to classify the risk domain of control.

1 Recent exacerbations requiring OCS
(Last 12 Months)

Last recorded exacerbation: 01/2011

[Add/Change Exacerbations](#)

[Exacerbations](#)

[Control Risk](#)

The number of Exacerbations requiring oral corticosteroids in the last 12 months is displayed. 2 or more exacerbations in 12 months may increase the Severity or Control level.

Severity/Control Assessment – Result

Severity Assessment - Result

Moderate Persistent

Override?

[Severity Chart](#)

Control Assessment - Result

Not Well Controlled

The patient's level of control as indicated by FEV1 is poorer than indicated by the other components of control:

1. Consider fixed airway obstruction as the explanation, and use changes from percent personal best rather than percent predicted to guide therapy;
2. Reassess the other measures of impairment;
3. Consider alternative diagnoses such as COPD, and
4. If fixed airway obstruction does not appear to be the explanation, consider a step up in therapy, especially if the patient has a history of frequent moderate or severe exacerbations.

Override?

[Control History Chart](#)

[Control Chart](#)

If all required information has been entered, the Severity or Control level will be displayed with feedback if appropriate. The recommended levels may be overridden based on clinical judgment.

How to Use ASTHMA IQ for Specialists

Tab 5: Exacerbation Assessment

Exacerbation Assessment (Alternate to Severity/Control Assessment)

If it was indicated that the patient is currently experiencing an exacerbation, a different set of questions will be displayed, as shown below.

1. Fever
2. Exacerbation Duration
3. Exacerbation Trigger
4. Interference with Sleep
5. Use of Rescue Inhaler
6. Patient Missed School
7. Patient Missed Work
8. Management of the patient prior to visit
9. Management of the patient during this visit

How to Use ASTHMA IQ for Specialists

Tab 6: Recommendations

1. Seasonal Influenza Vaccination
2. Medication Adherence
3. Inhaler/Nebulizer Technique
4. Asthma Allergens & Triggers
5. Comorbidities

The screenshot displays the 'Recommendations' tab in the ASTHMA IQ system. At the top, there are navigation tabs: Visit Info, History, Vitals, Exam, Control Assessment, Recommendations (selected), Plan, Education, and Summary. Below the tabs, five assessment sections are visible:

- Seasonal Influenza Vaccination:** Recommendation: Assess this visit (Last assessed: Never). Button: Assess.
- Medication Adherence:** Recommendation: Assess this visit (Last assessed: 01/22/2011). Button: Don't Assess. Below this are radio buttons for Good/Reliable, Uncertain, and Poor, an Adherence Calculator icon, and a Medication Adherence icon.
- Inhaler/Nebulizer Technique:** Recommendation: Assess this visit (Last assessed: Never). Button: Assess.
- Asthma Allergens & Triggers:** Recommendation: Assess this visit (Last assessed: Never). Button: Assess.
- Comorbidities:** Recommendation: Assess this visit (Last assessed: 01/22/2011). Button: Don't Assess. Below this are checkboxes for ABPA, Chronic Stress, GERD, Other, Obesity, Obstructive Sleep Apnea, Pregnancy, Rhinitis/Sinusitis, and Depression. There is also a Depression Screener icon and a text input field for 'List other comorbidities here...'. A Comorbidities icon is also present.

At the bottom of the form, there is a note: "Clicking 'Save Visit' will close this visit. Use the tabs at the top to access other sections." and two buttons: Save Visit and Cancel.

The questions in the Recommendations section each indicate whether or not it is recommended to assess or not. When you click the Assess button the choices are revealed. You must select one of the choices for Influenza Vaccination, Medication Adherence, and Inhaler/Nebulizer technique.

Other features:

- There are calculators available to help you answer the medication adherence and depression questions.

How to Use ASTHMA IQ for Specialists

Tab 7: Plan

The Plan tab includes:

1. Treatment Plan
2. Followup Plan
3. Referral Plan
4. Action Plan
5. Billing Information

Treatment Plan

Treatment Plan

EPR-3 Recommendation

Asthma Control: **Not Well Controlled**

Before step up in therapy:

- Address active issues such as:
 - o Adherence to medication
 - o Inhaler technique
 - o Environmental control
 - o Comorbid conditions
- If alternative treatment was used, discontinue and use preferred treatment for current step.
- Consider whether the patient's symptoms are being caused by an acute event (such as an allergen exposure or upper respiratory infection) instead of ongoing, long-term inflammation.
- For side effects, consider alternative treatment options.

After reviewing the above, then consider:

Stepping up 1 step

Recommended Treatment Step(s) 1 2 3 4 5 6

Treatment Plan

1 Proventil (Albuterol Sulfate) 0.5%, 20ml Inhaled
2 inhalations as needed Edit Delete
Type: **Quick Relief** Class: **SABA**

2 Advair Diskus 100/50 (Fluticasone-Salmeterol) 100mcg/50mcg Inhaled
2 inhalations 1 time per day Edit Delete
Type: **Long Term Control** Class: **ICS/LABA (Low dose)**

+ Add Prescription

Current Treatment Step 1 2 3 4 5 6

Other types of medications the patient is on:

Drugs affecting asthma

Reflux Ace inhibitor
 Beta blocker Smoking cessation

Rhinitis drugs

Intranasal antihistamine Oral antihistamine Intranasal steroid
 Leukotriene modifier Oral/intranasal decongestant

Clicking "Save Visit" will close this visit. Use the tabs at the top to access other sections.

Save Visit Cancel

Follow these steps in the Treatment Plan section:

- First read the recommendations from EPR-3.
- Then compare the recommended treatment step to the Current Treatment Step (shown by arrows to the left).
- Make changes to the Treatment Plan (ideally the new treatment plan will match the EPR-3 recommended step).
- To change the Treatment Plan use the same procedure for adding medications to the list as described in the History Tab section.

How to Use ASTHMA IQ for Specialists

Followup Plan

Followup Plan	
Followup interval: <input type="text"/> <input type="radio"/> day(s) <input type="radio"/> week(s) <input type="radio"/> month(s) <input type="radio"/> year(s)	 Followup
Recommended Followup Date:	
EPR-3 Recommendation	
Reevaluate in 2-6 weeks.	

In the Followup section, indicate how soon the patient should return for a return visit.

Action Plan

An interactive Action Plan (see next page) is available that is pre-populated with information entered in the visit, such as name, the treatment plan and peak flow results. You can indicate what actions you want the patient to take in certain situations. Print the form to give to the patient or save as a pdf for your records, or email to the patient.

Billing Information

Billing Information	
Time spent in visit: <input type="text"/> minutes	
Time spent in counseling and coordinating care: <input type="text"/> minutes	

Another convenient feature for billing purposes is a place to record time spent in visit and time spent in counseling or coordinating care.

How to Use ASTHMA IQ for Specialists

Example of Interactive Action Plan

Action Plan

My Asthma Plan

Provider's Name: Dr. Demo User
Provider's Phone#: 612-223-4444

Patient Name: Doe, John
Medical Record #: 123456
DOB: 03/17/1988

Completed by: Dr. Demo User
Date: 01/21/2011

Controller Medicines	How Much to Take	How Often
Advair Diskus 500/50 (Fluticasone-Salmeterol) 500mcg/50mcg Inhaled	2 inhalations	1 time per day
Quick-Relief Medicines	How Much to Take	How Often
ProAir (Albuterol Sulfate) 90 mcg/actuation Inhaled	2 actuations	2 times per day

Special instructions when I am ● doing well, ● getting worse, ● having a medical alert.

Doing well. PREVENT asthma symptoms every day:

- Take my controller medicines (above) every day.
- Before exercise, take 2 puff(s) of your quick relief medicine.
- Avoid things that make my asthma worse.

GREEN ZONE

- No cough, wheeze, chest tightness, or shortness of breath during the day or night.
- Can do usual activities.

😊

Peak Flow (for ages 5 and up): is **520** or more (80% or more of personal best)
Personal Best Peak Flow (for ages 5 and up): **650**

Getting worse. CAUTION. Continue taking every day controller medicines, and quick-relief medicine:

- Cough, wheeze, chest tightness, shortness of breath, or
- Waking at night due to asthma symptoms, or
- Can do some, but not all, usual activities.

YELLOW ZONE

- Peak Flow** (for ages 5 and up): **325 to 520** (50 to 79% of personal best)

😐

If not improved, continue quick-relief medicine and:
TAKE

Medical Alert MEDICAL ALERT! Get help! Take quick-relief medicine NOW:

- Very short of breath, or
- Quick-relief medicines have not helped, or
- Cannot do usual activities, or
- Symptoms are same or get worse after 24 hours in Yellow Zone.

RED ZONE

- Peak Flow** (for ages 5 and up): less than **325** (50% of personal best)

😞

If not improved, continue quick-relief medicine and:
TAKE
AND go to the ED or call 911 if distress is severe.

Danger! Get help immediately! Call 911 if trouble walking or talking due to shortness of breath or if lips or fingernails are gray or blue. For child, call 911 if skin is sucked in around neck and ribs during breaths or child doesn't respond normally.

Health Care Provider: My signature provides authorization for the above written orders. I understand that all procedures will be implemented in accordance with state laws and regulations. (This authorization is for a maximum of one year from signature date.)

Healthcare Provider Signature Date

Action plan provided to patient

Complete the checkboxes and input directions for the patients to take specific medications if they are in the Yellow or Red zones.

How to Use ASTHMA IQ for Specialists

Tab 8: Education

Topics in the Education tab include:

1. General Education Topics
2. Allergic Trigger Avoidance
3. Non-Allergic Trigger Avoidance
4. Skills

The screenshot shows the 'Education' tab selected in a navigation bar at the top. The main content area is divided into three columns of topics, each with a list of checkboxes. The 'General education topics' column has 7 items, with 5 checked. The 'Allergic trigger avoidance' column has 6 items, all unchecked. The 'Non-Allergic trigger avoidance' column has 10 items, with 2 checked. The 'Skills' column has 3 items, all checked. At the bottom left, there are 'View' and 'Clear All' buttons, and a checkbox labeled 'Education was provided during this visit' which is currently unchecked. At the bottom right, there is a 'Save Visit' button and a 'Cancel' button. A footer note reads: 'Clicking "Save Visit" will close this visit. Use the tabs at the top to access other sections.'

General education topics	Non-Allergic trigger avoidance	Skills
<input type="checkbox"/> What is asthma?	<input type="checkbox"/> Air pollution/weather triggers	<input checked="" type="checkbox"/> Action plan use
<input type="checkbox"/> Symptom awareness	<input type="checkbox"/> Cold air	<input checked="" type="checkbox"/> Inhaler technique
<input type="checkbox"/> Find Your Personal Best Peak Flow Number	<input type="checkbox"/> Exercise or sports	<input checked="" type="checkbox"/> Using a peak flow meter
<input checked="" type="checkbox"/> About asthma control levels	<input type="checkbox"/> Influenza	
<input checked="" type="checkbox"/> About asthma medications	<input type="checkbox"/> Occupational exposures	
<input checked="" type="checkbox"/> Need for controller medication	<input type="checkbox"/> Respiratory infection	
<input checked="" type="checkbox"/> Taking medications regularly	<input type="checkbox"/> Smells or fumes	
	<input checked="" type="checkbox"/> Avoiding environmental smoke	
	<input type="checkbox"/> Smoking cessation	
	<input type="checkbox"/> Strong emotions, anxiety, stress, anger	

Topics in the Education tab are pre-checked depending what topics are recommended by the EPR-3 and on the problems recorded in the visit.

Important Note: In order for the system to know that the education topics were discussed or information was given you MUST check the box in the bottom right corner that Education was provided during this visit. Clicking the View button will also automatically check this box.

How to Use ASTHMA IQ for Specialists

Tab 9: Summary

Functions included in the Summary Tab include:

1. Summary Report
2. Text Summary
3. Export as CCR

Summary Report

The screenshot shows the 'Summary Report' tab selected in a navigation bar. Below the navigation bar, there is a 'Summary Report' section. On the left, there is a 'Preview' button and a preview window showing two line graphs with data points and a color-coded background. On the right, there is a 'Report Template Name' list with the following items: 'Adult or Older Child', 'Sample Report 2', 'Full Report', 'Young Patient Report', 'Sample Report', 'Adult ACT & ATAQ', and 'Child ACT & ATAQ'. At the bottom right, there are 'Save as PDF' and 'Print' buttons.

Different templates are available to create summary reports of the patient visit. You can preview by clicking the button on the left. Either save the report as a pdf file or print.

Report templates are created for the Clinic in the Clinic Management Section in the Report Templates Tab.

How to Use ASTHMA IQ for Specialists

Text Summary



The screenshot shows a window titled "Text Summary" with a scrollable text area containing the following information:

Visit Information
Visit Date: Jan 22, 2011
Provider seen: Dr. Demo User
Currently experiencing an exacerbation: No
Taking long-term asthma control medication: Yes
ACT Score: Not Answered
Has persistent asthma: Yes

Medication History
Medication History:
1. **Proventil (Albuterol Sulfate)**, 0.5%, 20ml, Inhaled, 2 inhalations, as needed
2. **Advair Diskus 100/50 (Fluticasone-Salmeterol)**, 100mcg/50mcg, Inhaled, 2 inhalations, 1 time per day

Treatment Step: 3

At the bottom of the window are two buttons: "Copy to Clipboard (HTML)" and "Copy to Clipboard (Plain Text)".

A complete summary of the patient visit is generated in the Summary tab. This can be copied to the clipboard in either plain text or html. The text can be pasted into any other computer application including an EMR system.

Export as CCR



The screenshot shows a window titled "Export as CCR" with the following text and a button:

Download the contents of this visit as a CCR document to add it to a patient's electronic health record. Support of this feature varies by EHR vendor.

Generate

Select Generate to create a CCR (Continuity of Care Record) for the current visit. The CCR saves the visit information in a format that can be imported into most electronic health record systems. You will be asked where you want to save the CCR on your computer's hard drive. By default, the CCR will be saved as an .XML file.

Saving a Visit

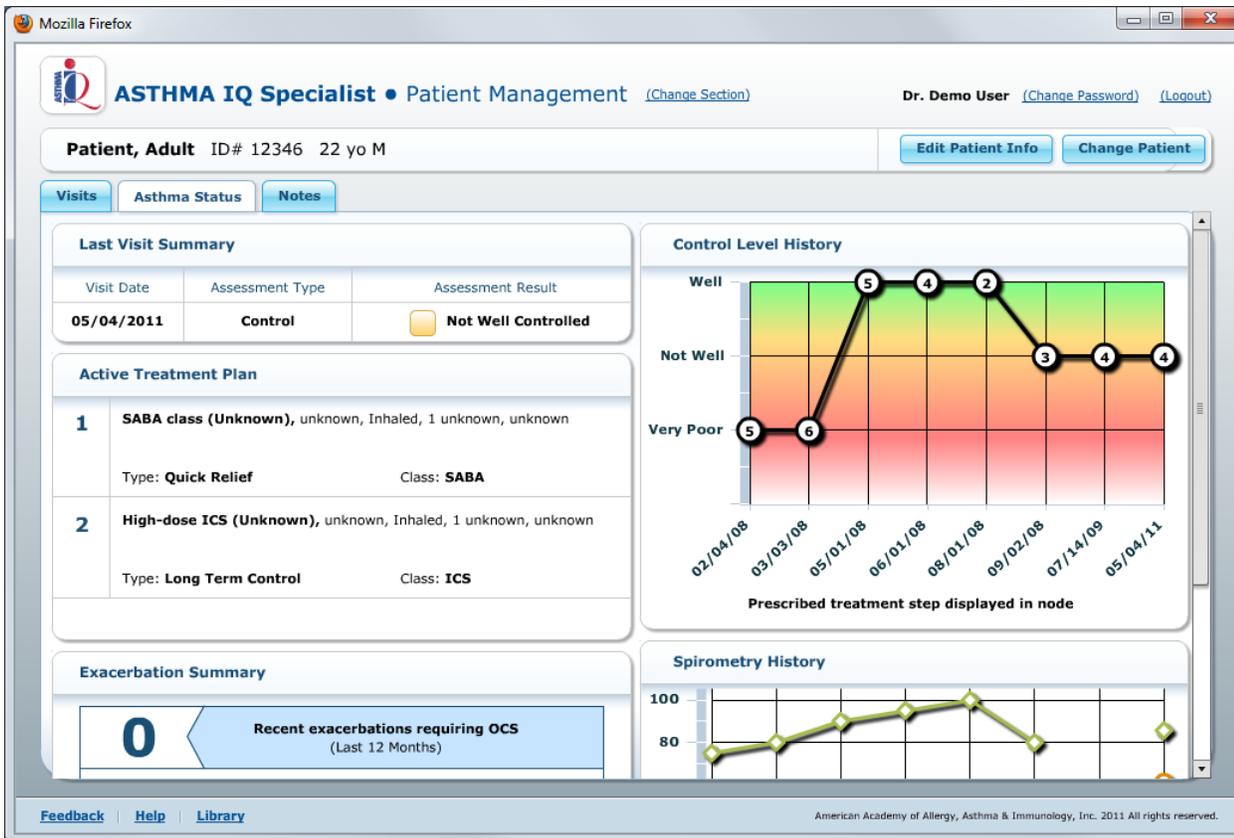
The "Save Visit" button is located at the bottom of the Patient Visit window.

You may save the Patient Visit at any time. After clicking "Save Visit" you will see a confirmation message.

The Patient Visit window will close and you will return to the Patient Visits screen with the list of all the visits entered for that patient.

How to Use ASTHMA IQ for Specialists

Step 3: Review Asthma Status Screen



The Asthma Status screen provides a snapshot view of the patient's asthma status as of the last visit as well as Control/Treatment Step History and Spirometry History.

The left side displays:

- The Last Visit Summary
- Active Treatment Plan
- Exacerbation Summary

The right side displays:

- Control Level History
- Spirometry History

How to Use ASTHMA IQ for Specialists

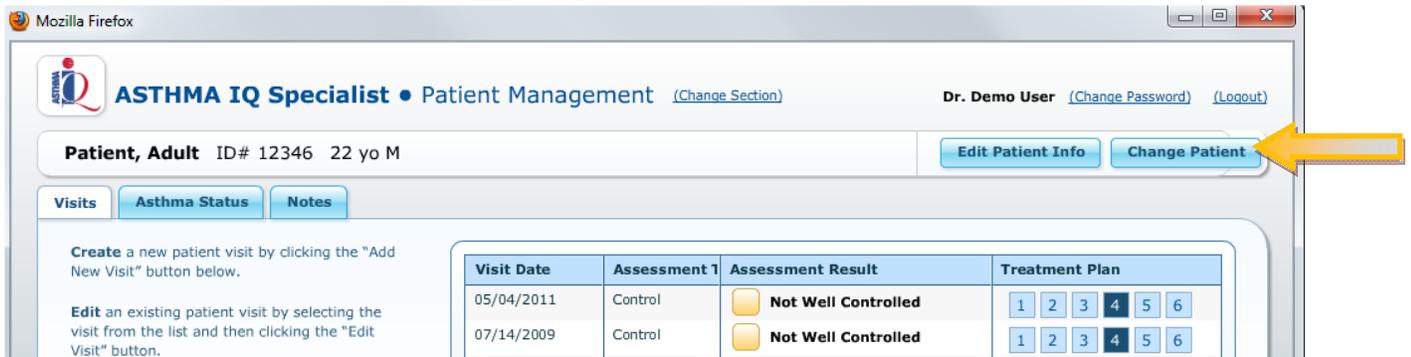
Step 4: Notes

The screenshot displays the 'ASTHMA IQ Primary Care • Patient Management' interface. At the top, it shows the user 'Dr. Demo User' with options to 'Change Password' and 'Logout'. The patient information bar includes 'Doe, John', 'ID# 123456', and '22 yo M', with 'Edit Patient Info' and 'Change Patient' buttons. Below this, there are tabs for 'Visits', 'Asthma Status', and 'Notes'. A note is displayed with the date '01/17/2011 04:04 PM' and the text 'This is a test'. To the right of the note are 'Edit' and 'Delete' buttons. A small instruction reads: 'Click "Add Note" to add a new patient note. Click "Edit" or "Delete" on existing patient notes to edit or delete those notes.'

You can type a note about the current patient by clicking the “Add Note” button. Patient notes added in the Patient Visit can be viewed here. The date the note was entered and who entered the note is recorded. Notes can be edited or deleted in this view.

How to Use ASTHMA IQ for Specialists

Step 5: Select a Different Patient



To change to a different patient or to create a new patient, click the “Change Patient” button. Repeat Step 1 as described in this document.

Feedback

Verify your name and email address, then select a "Feedback Type" and enter information in the fields that appear.

Name: Demo User
Email: demo@test.com
Feedback Type: Bug Report

Please describe the bug that you have found. Include both what happened and what you expected to happen in the description.

Is it ok to contact you about this bug?
 Yes No

Send Cancel

Click the Feedback link on the bottom left corner of the screen to easily log Bug Reports, General Comments/Suggestions or New Feature Requests about the ASTHMA IQ program. Your Name and Email address will automatically be filled in.

Add a note about the problem or issue. Be specific. When reporting bugs, issues, and cosmetic errors, please include the screen name that appears in the top title bar.

When you click Save, an email will automatically be sent and the window will close.

If you encounter technical problems or can't access the feedback link, please send an email to: ASTHMA-IQ@aaaai.org.

How to Use ASTHMA IQ for Specialists

Library

The screenshot shows the 'EPR-3 Library' window. On the left is a 'Library Topics' sidebar with a tree view including 'EPR-3 Library Overview', 'Asthma Assessment' (with sub-items: Overview, Diagnosis, Assessment, Monitoring, Followup), 'Environmental Factors', 'Comorbidities', 'Education', 'Medications' (with sub-items: Differences from EPR-2, Long-term Control Medications, Quick Relief Medications, Aerosol Delivery Devices, Immunotherapy, Complementary & Alternative Medicines), 'Stepwise Approach', 'Special Situations', and 'Managing Exacerbations'. The main area displays the 'EPR-3 Library Overview' text, which includes an introduction to the library, a list of four essential components of asthma care (Assessment and monitoring, Patient education, Control of factors contributing to asthma severity, Pharmacologic treatment), and two references. At the bottom, there is a 'Print' button with a yellow arrow pointing to it, and a 'Close' button. A small instruction reads: 'Click the "Print" button to print the selected topic, or click the "Close" button to continue.'

Click the Library link on the bottom left corner of the screen to access all of the Library topics. The Library contains summaries of information on different topics from the EPR-3 Guidelines. Click on the arrows to the left of each topic to see the subtopics or pages.

Individual Topics or Subtopics may be printed by clicking the "Print" button.

How to Use ASTHMA IQ for Specialists

Practice Management Section

In the Practice Management section you can:

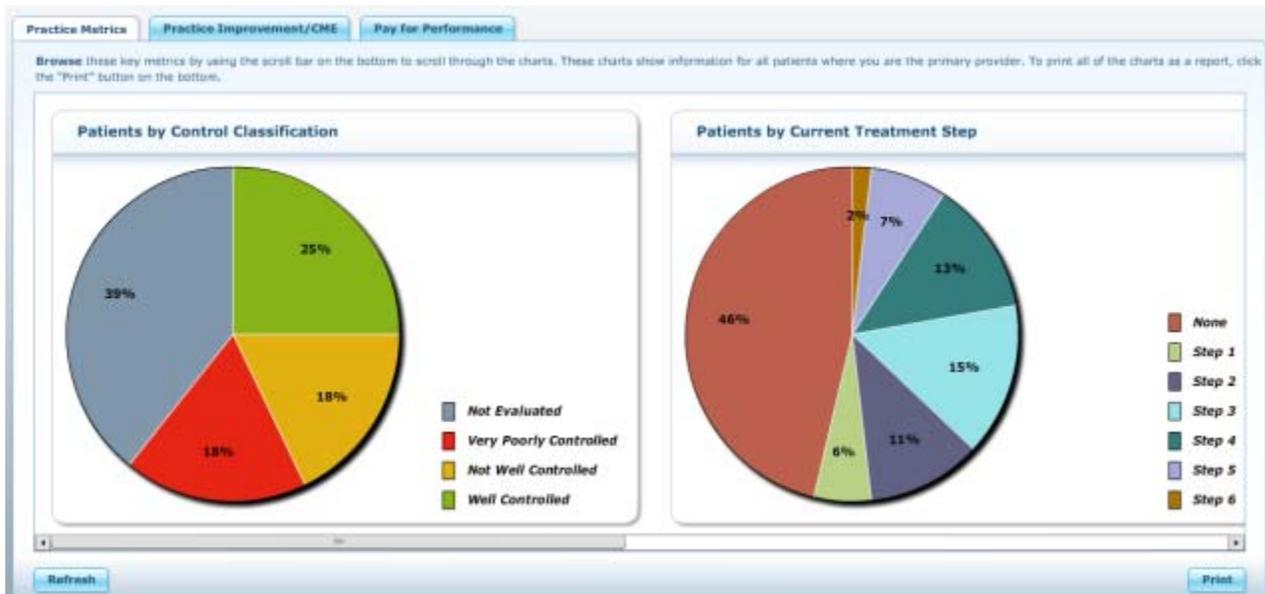
- View practice metrics for an individual doctor
- Complete a Practice Improvement Plan for CME credit and Maintenance of Certification
- View and print performance for quality measures

Clinic Management

In the Clinic Management section you can:

- View clinic metrics (for all clinic doctors enrolled in ASTHMA IQ)
- Setup ASTHMA IQ including:
 - Clinic contact information
 - Setup and manage clinic staff
 - ASTHMA IQ preferences
 - Setup forms and reports
- Record management

Practice Metrics Tab



The Practice Metrics screen gives a valuable snapshot of the characteristics of the patients in your practice for which you are the primary provider.

Graphs include

- Patients by Control Classification
- Patients by Current Treatment Step
- Patients by BMI Category
- FEV₁ Percent Predicted

How to Use ASTHMA IQ for Specialists

Practice Improvement Tab

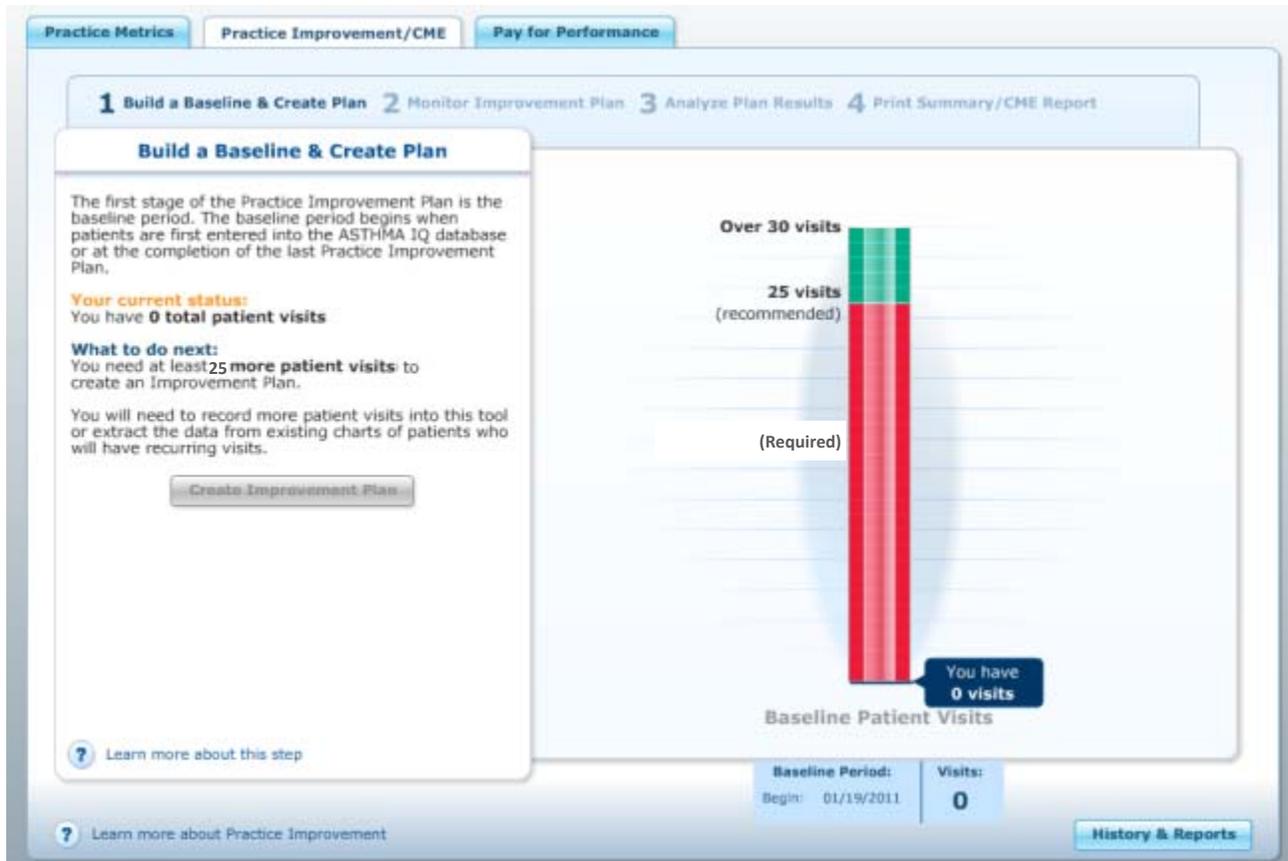
The Asthma Practice Improvement Module (PIM) is a self-evaluation tool designed to give you a snapshot of your practice. You will see how your outcomes and processes of care for your patients compare with the EPR-3 Guidelines for managing asthma. The goal of the PIM is to improve the quality of patient care.

Completion of the PIM in the ASTHMA IQ program is designed to fulfill the requirements of demonstrating practice improvement to satisfy Part 4 of the Maintenance of Certification process of the American Board of Internal Medicine.

The module is divided into 4 steps that must be completed in order. To learn more, click the more information buttons in each Stage of the Practice Improvement process.

How to Use ASTHMA IQ for Specialists

Step 1 – Create Improvement Plan



Establish Baseline

Step 1 is the time when you enter patients for the baseline analysis. During this step, patients are entered into the ASTHMA IQ database. In order to create an Improvement Plan, a minimum of 25 patient visits must be entered. The Step 1 graphic shows how many visits have been entered and how many more are required. After you have entered at least the minimum required number of patients and you decide you have enough patients entered into the ASTHMA IQ database to determine an Improvement Plan, click the Create Improvement Plan button.

Create Improvement Plan

To create an Improvement Plan, you will first see a list of asthma quality measures. The baseline percentage for all your patients in the baseline period appears next to each measure. Up to three measures may be selected. You will then have an opportunity to enter a description of how you will make improvements. After the Improvement Plan is created, Step 2, the Monitoring Period, begins.

How to Use ASTHMA IQ for Specialists

Systems Analysis

Before developing and embarking on your improvement plan you will want to review and assess your practice systems and processes to identify areas that may be contributing to your current performance results. By reviewing this information in a systematic way, you will be able to get a clearer picture of where changes can be made in your practice that will help improve your performance results.

Links to several systems analysis and quality improvement tools are provided below. You are encouraged to review these tools and work through a systems analysis exercise with the staff in your practice, always keeping in mind the EPR-3 baseline area(s) you have identified for possible improvement. Once you have completed this activity you will be able to develop a problem statement and develop your improvement plan.

NOTE: After all three Stages of the Practice Improvement Module are completed or the Improvement Plan is deleted, the Baseline Start is set to the date of completion or deletion and the cycle can begin again.

How to Use ASTHMA IQ for Specialists

Step 2 – Monitor Improvement Plan

Practice Metrics | **Practice Improvement/CME** | **Pay for Performance**

1 Build a Baseline & Create Plan | **2 Monitor Improvement Plan** | 3 Analyze Plan Results | 4 Print Summary/CME Report

Monitor Improvement Plan

This is the time to implement your improvement plan with your baseline patients. You will need to enter a minimum of **25 patient visits** for the monitoring period.

Your current status:
You have **0 total patient visits**

What to do next:
Monitor your progress with the charts on the right side of this page.

You need at least **25 more patient visit** before ending monitoring and evaluating your results.

[End Monitoring Period](#)

Delete this Improvement Plan and begin again with a new baseline of patient visits (starting from the present date)

[Delete Improvement Plan](#)

[Learn more about this step](#)

[Learn more about Practice Improvement](#)

1 Percent of patients with Well Controlled asthma

Visits meeting this measure/Total eligible patient visits for this measure - 0/0

Baseline = 0%

Current = 0%

Goal = 100%

Improvement Plan

I will treat patients with uncontrolled asthma by following the EPR-3 guidelines.

2 Assessment for smoking history

Visits meeting this measure/Total eligible patient visits for this measure - 0/0

Baseline = 100%

Current = 0%

Goal = 100%

Improvement Plan

I will assess smoking visits with every visit

Baseline Period: Begin: 01/19/2011 End: 01/20/2011	Visits: 2	Monitoring Period: Begin: 01/20/2011	Visits: 0
---	----------------------------	--	----------------------------

[History & Reports](#)

In Step 2 you implement your Improvement Plan. You will need to enter at least another 25 patient visits. It is also expected that it will take you about 3 months to complete this phase.

You can monitor your progress against your practice improvement goals in the graphs on the right. When the required number of patients has been entered and you have decided you have enough patients to report, click the “End Monitoring Period” button.

You may also delete your Improvement Plan during the monitoring phase. This will allow you to start the Practice Improvement plan over again and will set the Baseline Start date to the date the plan was deleted.

Warning: If you delete your Improvement Plan, you will need to add another 25 patients in Step 1 to build a baseline analysis group.

How to Use ASTHMA IQ for Specialists

Step 3 – Analyze Plan

Practice Metrics | **Practice Improvement/CME** | **Pay for Performance**

1 Build a Baseline & Create Plan | 2 Monitor Improvement Plan | **3 Analyze Plan Results** | 4 Print Summary/CME Report

Analyze Plan Results

In the Analyze Plan Stage, you will evaluate how you did in meeting your practice improvement goals by answering a series of questions and printing a report that summarizes your practice improvement activities.

Your current status:
You have a plan analysis in progress.

What to do next:
Continue your Improvement Plan Analysis. You will be able to choose which goals you would like to report on and will need to answer some questions regarding those individual goal plans as well as some general questions about your entire improvement plan process.

[Begin Plan Analysis](#)

Delete this Improvement Plan and begin again with a new baseline of patient visits (starting from the present date)

[Delete Improvement Plan](#)

[Learn more about this step](#)

[Learn more about Practice Improvement](#)

1 Percent of patients with Well Controlled asthma

Visits meeting this measure/Total eligible patient visits for this measure - 1/1

Baseline = 0%

Current = 0%

Goal = 100%

Improvement Plan
I will treat patients with uncontrolled asthma by following the EPR-3 guidelines.

2 Assessment for smoking history

Visits meeting this measure/Total eligible patient visits for this measure - 1/2

Baseline = 100%

Current = 0%

Goal = 100%

Improvement Plan
I will assess smoking visits with every visit.

Baseline Period:	Visits:	Monitoring Period:	Visits:
Begin: 01/19/2011 End: 01/20/2011	2	Begin: 01/20/2011 End: 01/20/2011	2

[History & Reports](#)

In Step 3, Analyze Plan Results, you will evaluate how you did in meeting your practice improvement goals by answering a series of questions. If you do not finish the analysis in a single session, you may save your answers to complete the analysis at a later time. You must answer all questions. After all questions are answered, you may print a report summarizing your practice improvement activities. The results will be sent to AAAAI for CME credit and for reporting to ABAI for Maintenance of Certification.

After Step 3 is completed, you will continue to Step 4, Print Summary/CME report.

How to Use ASTHMA IQ for Specialists

Step 4 – Print Summary/CME Report

Practice Metrics | Practice Improvement/CME | Pay for Performance

1 Build a Baseline & Create Plan | 2 Monitor Improvement Plan | 3 Analyze Plan Results | 4 Print Summary/CME Report

Print Summary/CME Report

Congratulations!
Your practice improvement plan is now complete!

What to do next:
Submit your plan results for CME Credit by filling out the form on the right and clicking the 'Submit' button at the bottom of the form.

You Have Completed the Practice Improvement Module.
You will also receive 20.0 AMA PRA Category 1 Credit(s) for completing and monitoring an Improvement Plan and then analyzing the results.

Your completion certificates will be mailed to the address shown below. Modify this information if you wish to receive the certificate at a different address.

First name* Demo
Last name* User
Title* MD
Profession*
License number* 123456789
Organization* Medicom Health Clinic
Country* United States
Address* 212 Third Ave. N
Suite #295

Print this Report

Submit

Learn more about this step

Learn more about Practice Improvement

History & Reports

In Step 4, you can print a Summary Report of your Practice Improvement activities. Make sure you complete the contact information in the box on the right before you print the report so that it shows correctly on the print-out.

The Submit button automatically forwards the Improvement Plan and your contact information to AAAAI. Your certificate will be mailed to the address shown in the box. You will also be emailed a summary of your report.

Clicking Submit completes the Practice Improvement activity. You will be returned to the main Practice Improvement page and Step 1 will now be the active Stage. If you need to reprint the Summary Report, you can do this by clicking the "History & Reports" button.

How to Use ASTHMA IQ for Specialists

Practice Improvement History and Reports

Baseline Period	Improvement Period	Progress	CME Hrs
01/02/2008-01/19/2008	01/19/2008-01/19/2008	Partial - Stage B Completed	

Close ? Learn more about History & Reports Reprint Summary Report

This window displays a list of all Practice Improvement activities to date, including fully completed and partially completed plans. If a plan was completed, the “Reprint Summary Report” button will be active.

How to Use ASTHMA IQ for Specialists

Pay for Performance Tab

The screenshot displays the 'Pay for Performance' tab in the ASTHMA IQ Specialist Practice Management system. The interface includes a header with the logo, user information ('Dr. Demo User'), and navigation tabs. Below the tabs, there are date selection fields for 'Beginning date' (05/01/2008) and 'Ending date' (05/04/2011), along with 'Print Selected' and 'Print All' buttons. The main content area is divided into four sections, each representing a different performance measure:

- Assessment of Asthma Control:** Shows a gauge chart at 100.0% (1/1). Text: "Between 05/01/2008 and 05/04/2011 there were 1 patient(s) aged 5 to 50 years with the diagnosis of asthma with at least one office visit. Of those 1 patients, 1 were evaluated at least once for the frequency (numeric) of daytime and nocturnal asthma symptoms." Buttons: Print this measure, View Noncompliant Patients, Print.
- Tobacco Use - Screening:** Shows a gauge chart at 0.0% (0/1). Text: "Between 05/01/2008 and 05/04/2011 there were 1 patient(s) aged 5 to 50 years with the diagnosis of asthma with at least one office visit. Of those 1 patients, 0 were evaluated at least once for the use of tobacco." Buttons: Print this measure, View Noncompliant Patients, Print.
- Tobacco Use - Intervention:** Shows a gauge chart at 0.0% (0/0). Text: "Between 05/01/2008 and 05/04/2011 there were 0 patient(s) aged 5 to 50 years with the diagnosis of asthma with at least one office visit where the patient indicated that they use tobacco products. Of those 0 patients, 0 were provided with smoking cessation intervention." Buttons: Print this measure, View Noncompliant Patients, Print.
- Pharmacologic Therapy for Persistent Asthma:** Shows a gauge chart at 100.0% (1/1). Text: "Between 05/01/2008 and 05/04/2011 there were 1 patient(s) aged 5 to 50 years with the diagnosis of persistent asthma during at least one office visit. Of those 1 patients, 1 were placed on long-term control medications or refused treatment." Buttons: Print this measure, View Noncompliant Patients, Print.

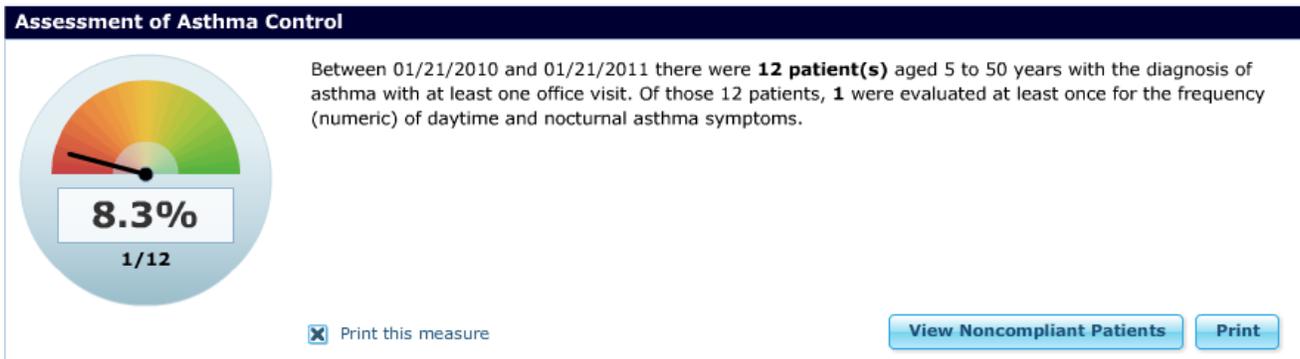
A note at the bottom states: "Note: To report Pay for Performance analysis results, all patients in your practice with a diagnosis of asthma must be entered into ASTHMA IQ for the entire reporting period." Footer includes 'Feedback', 'Help', 'Library', and 'American Academy of Allergy, Asthma & Immunology, Inc. 2011 All rights reserved.'

The Pay for Performance module contains measures from The *Physician Quality of Care Measurement: Asthma Project* is a joint effort between the National Committee for Quality Assurance (NCQA) and Physician Consortium for Performance Improvement®, convened by the American Medical Association (AMA-PCPI). It provides performance measurement sets and other resources to help physicians in their efforts to improve the quality of patient care.

These performance measures are not clinical guidelines and do not establish a standard of medical care, and have not been tested for all potential applications. Performance measures provide important information to a physician, allowing him or her to enhance the quality of care delivered to patients.

How to Use ASTHMA IQ for Specialists

Measure #1: Assessment of Asthma Control



Numerator

Patients (ages 5 to 50 years) who were evaluated at least once for asthma control*

*Evaluation of asthma control is defined as:

- Documentation of an evaluation of asthma impairment which must include:
 - Daytime symptoms AND nighttime awakenings AND interference with normal activity AND short-acting beta2-agonist use for symptom control.
- Note: Completion of a validated questionnaire will also meet the numerator requirement for this component of the measure.*

AND

- Documentation of asthma risk which must include the number of asthma exacerbations requiring oral systemic corticosteroids in the prior 12 months

Denominator

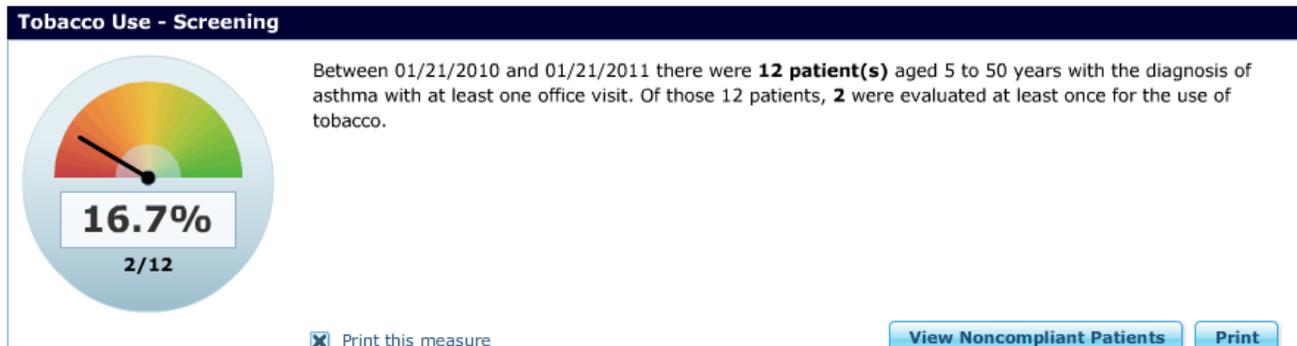
All patients aged 5 through 50 years with a diagnosis of asthma and with at least one medical encounter during the measurement period

Result

Percentage of patients aged 5-50 years with the diagnosis of Asthma who were evaluated during measurement period at least once for asthma control (comprising asthma impairment and asthma risk)

How to Use ASTHMA IQ for Specialists

Measure #2: Tobacco Use - Screening



Numerator

Patients who were queried about tobacco use and exposure to second hand smoke in their home environment at least once.

Denominator

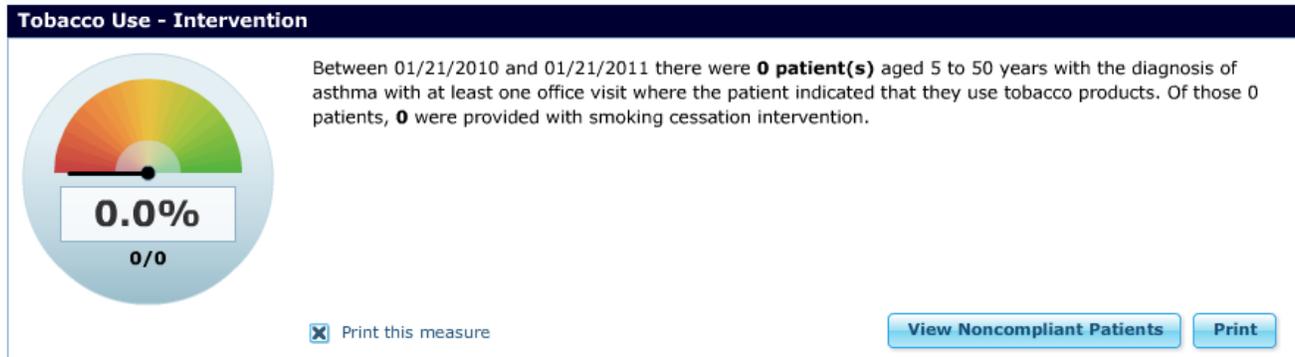
All patients aged 5 through 50 years with a diagnosis of asthma with at least one medical encounter during the measurement period.

Result

Percentage of patients aged 5 through 50 years with a diagnosis of asthma who were queried about tobacco use and exposure to second hand smoke in their home environment at least once during the measurement period.

How to Use ASTHMA IQ for Specialists

Measure #3: Tobacco Use - Intervention



Numerator

Patients who received tobacco use cessation intervention*

Note: Practitioners providing tobacco cessation interventions to a pediatric patient's primary caregiver are still numerator compliant even if the primary caregiver is not the source of second hand smoke in the home.

Denominator

All patients aged 5 through 50 years with a diagnosis of asthma identified as tobacco users** with at least one medical encounter during the measurement period

Result

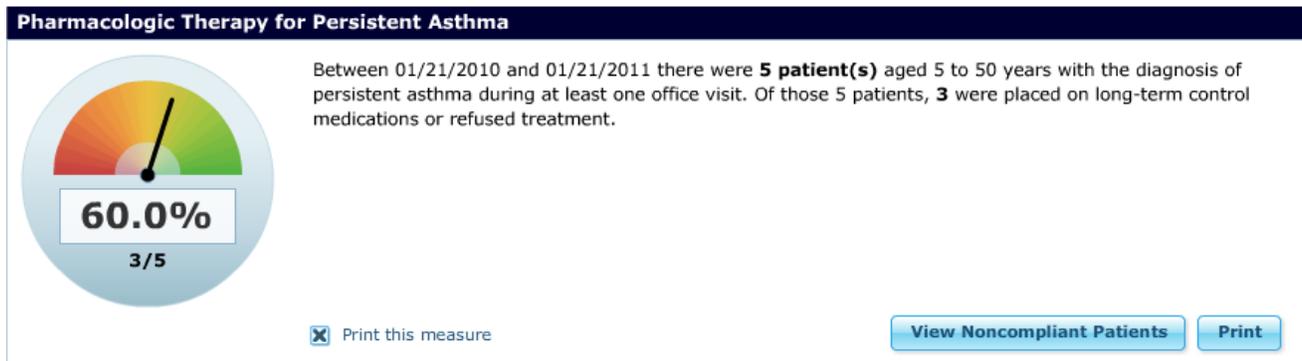
Percentage of patients aged 5 through 50 years with a diagnosis of asthma who were identified as tobacco users** who received tobacco cessation intervention during the measurement period.

*Tobacco use cessation intervention may include brief counseling (3 minutes or less) and/or pharmacotherapy.

**Tobacco users include patients who currently use tobacco AND patients who do not currently use tobacco, but are exposed to second hand smoke in their home environment.

How to Use ASTHMA IQ for Specialists

Measure #4: Pharmacologic Therapy for Persistent Asthma



Numerator

Patients who were prescribed long-term control medication*

*Long-term control medication includes:

1. Patients prescribed inhaled corticosteroids (the preferred long-term control medication at any step of asthma pharmacological therapy)

OR

2. Patients prescribed alternative long-term control medications

Denominator

All patients aged 5 through 50 years with a diagnosis of persistent asthma and at least one medical encounter during the measurement period

Result

Percentage of patients aged 5 through 50 years with a diagnosis of persistent asthma and at least one medical encounter for asthma during the measurement period who were prescribed long-term control medication. Three rates are reported for this measure:

1. Patients prescribed inhaled corticosteroids (ICS) as their long term control medication
2. Patients prescribed other alternative long term control medications (non-ICS)
3. Total patients prescribed long-term control medication

How to Use ASTHMA IQ for Specialists

Clinic Management Section

ASTHMA IQ Specialist • Clinic Management [\(Change Section\)](#) Dr. Demo User [\(Change Password\)](#) [\(Logout\)](#)

Clinic Staff Preferences Clinic Info Report Templates Clinic Metrics Report Generator Record Management Forms

ID	Patient Name	DOB	Gender
789789789	Three, Testpatient B.	04/04/2005	F
123123123	One, Testpatient B.	04/06/1970	M
123456789	Schopper, Everett J.	11/08/2010	M
06111960	Fitzpatrick, Kevin M.	06/09/1960	M
9999999999999999999	Name, Name N.	07/15/1901	M
12345	Patient, Demo	03/17/1969	M
12346	Patient, Adult	11/30/1988	M
456456456	Two, Testpatient B.	04/05/1993	F

Select the patient record you want to modify and then either click the "Delete Patient" button to delete that patient record or click the "Delete Specific Visits..." button to select individual visits to delete from that patient record.

Delete Patient Delete Specific Visits...

[Feedback](#) | [Help](#) | [Library](#) American Academy of Allergy, Asthma & Immunology, Inc. 2011 All rights reserved.

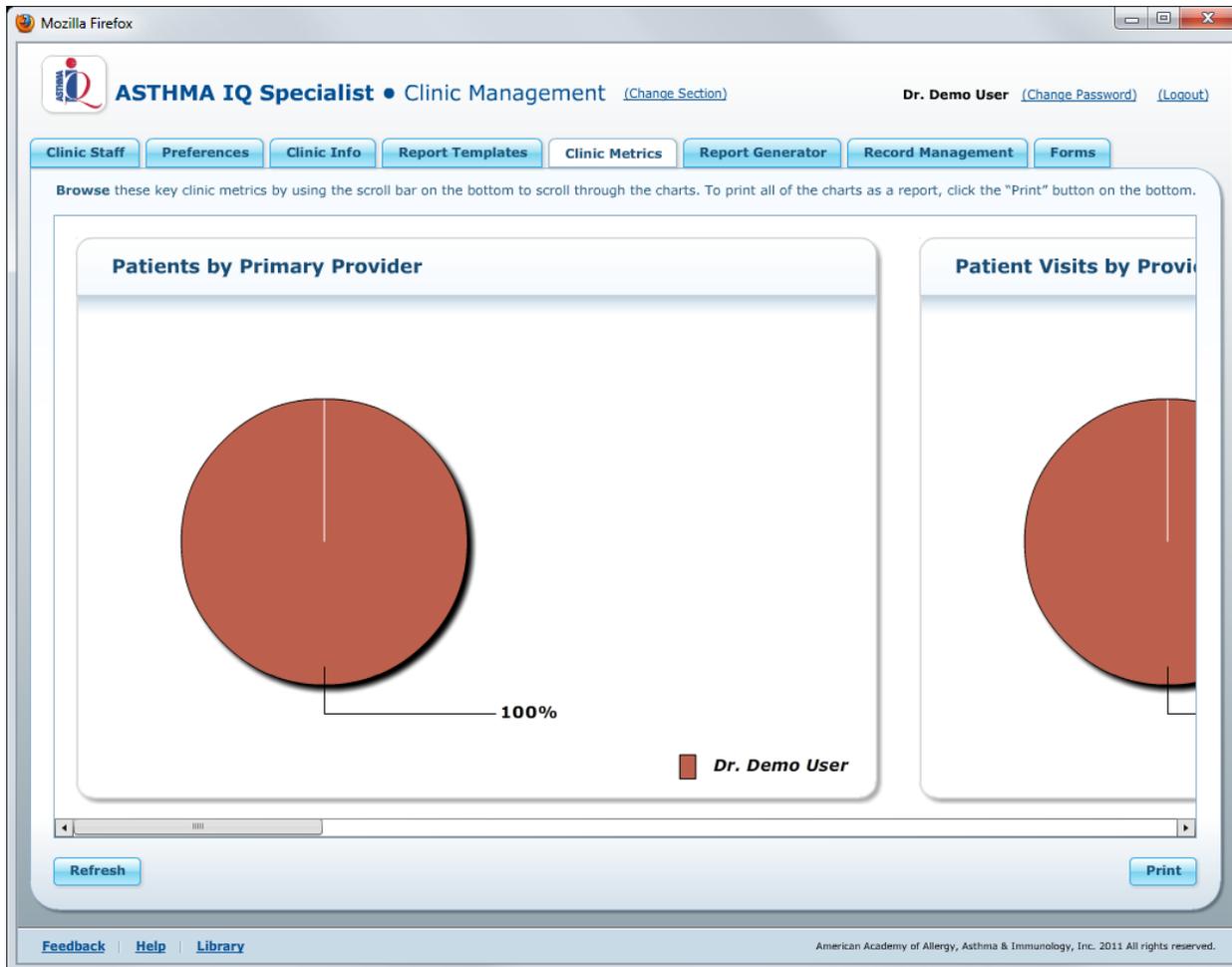
The Clinic Management tabs include:

- Clinic Staff
- Preferences
- Clinic Info
- Report Templates
- Clinic Metrics
- Report Generator
- Record Management
- Forms

How to Use ASTHMA IQ for Specialists

The report templates are available to all members of your clinic in the Summary Report area of the Summary Tab.

Clinic Metrics Tab



The Clinic Metrics Tab contains graphs of all patients and providers in the clinic. These include:

- Patients by Primary Provider
- Patient Visits by Provider Seen
- Patients by Control Classification
- Patients by Treatment Step
- BMI Category
- FEV1 Percent Predicted

Report Generator Tab

You can generate a customized report of individual patients who display certain characteristics to display on the screen. The report can also be saved on your computer as a Microsoft Excel spreadsheet. If you have used databases before, you may recognize that generating a report is similar to using the SELECT command in a database.

How to Use ASTHMA IQ for Specialists

To generate a report:

1. Select a Report Filter

You select a report filter by clicking on it and then clicking the Add button that appears. Report filters are used to determine which patients will be selected for the report. The report filters that you choose are shown in the Current Report Filters box. If you choose no report filters, then all patients will be included in the report.

2. Select Report Fields

Select which report fields will print on the report by dragging each filter to the Report Fields for Output box. The fields you select determine what kinds of patient information will be included in the report. For example, if you select Patient ID then patient IDs will be shown in the report. You must select at least one report field (otherwise there would be no information in the report).

3. Build the Report

Select the Generate Report button. The report will be displayed in a window on your screen.

4. Export the Report

Choose the Export to Spreadsheet button if you want to save the report as a Microsoft Excel spreadsheet.

You can use the buttons at the bottom of the Current Report Filters box to build more sophisticated report filters using Boolean logic:

- The Toggle AND/OR button toggles a filter between AND and OR
- The Group and Ungroup buttons allow you to add or remove parenthesis

How to Use ASTHMA IQ for Specialists

Forms Tab

The screenshot shows a web browser window titled "Mozilla Firefox" displaying the "ASTHMA IQ Specialist • Clinic Management" interface. The user is logged in as "Dr. Demo User". The "Forms" tab is selected, showing a list of downloadable forms categorized into Patient Interview, Growth Charts, Asthma Assessments, and Action Plans in English, Spanish, Chinese, and Vietnamese. A note on the right side of the page states: "Click the links on the right to download these supplemental forms. Note: Clicking the link will open another browser tab or window. You may need to disable pop-up blockers for this feature to work correctly." The footer of the page includes links for Feedback, Help, and Library, and a copyright notice for the American Academy of Allergy, Asthma & Immunology, Inc. 2011.

Patient Interview

- [New Patient Form](#)
- [Patient Visit Form](#)

Growth Charts

- [Pediatric growth chart - Girls - Age 0-3](#)
- [Pediatric growth chart - Girls - Age 2-20](#)
- [Pediatric growth chart - Boys - Age 0-3](#)
- [Pediatric growth chart - Boys - Age 2-20](#)

Asthma Assessments

- [Childhood Asthma Control Test for children 4 to 11 years old.](#)
- [Asthma Control Test™](#)
- [Pediatric/Adolescent Asthma Therapy Assessment Questionnaire](#)
- [Asthma Therapy Assessment Questionnaire \(ATAQ\)](#)

Action Plans - English

- [General Asthma Action Plan \(Peak Flow Based\)](#)
- [General Asthma Action Plan \(Symptoms Based\)](#)
- [Child Asthma Action Plan \(0-5 years\)](#)
- [School Asthma Action Plan \(Peak Flow Based\)](#)
- [School Asthma Action Plan \(Symptoms Based\)](#)

Action Plans - Spanish

- [General Asthma Action Plan \(Peak Flow Based\)](#)
- [Child Asthma Action Plan \(0-5 years\)](#)

Action Plans - Chinese

- [General Asthma Action Plan \(Peak Flow Based\)](#)
- [Child Asthma Action Plan \(0-5 years\)](#)

Action Plans - Vietnamese

- [General Asthma Action Plan \(Peak Flow Based\)](#)
- [Child Asthma Action Plan \(0-5 years\)](#)

Click the links on the right to download these supplemental forms.

Note: Clicking the link will open another browser tab or window. You may need to disable pop-up blockers for this feature to work correctly.

[Feedback](#) | [Help](#) | [Library](#)

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This is the list of blank forms that can be printed from the Forms window. The forms are all in a “pdf” format, so you will need to have the Adobe® Acrobat Reader® to view and print them.

Click the links to download these supplemental forms.

Note: Clicking the link will open another browser tab or window. You may need to disable pop-up blockers for this feature to work correctly.