

Effectiveness of a facilitated implementation strategy to improve routine delivery of supported asthma self-management in UK primary care: a cluster randomised implementation trial (IMP²ART)

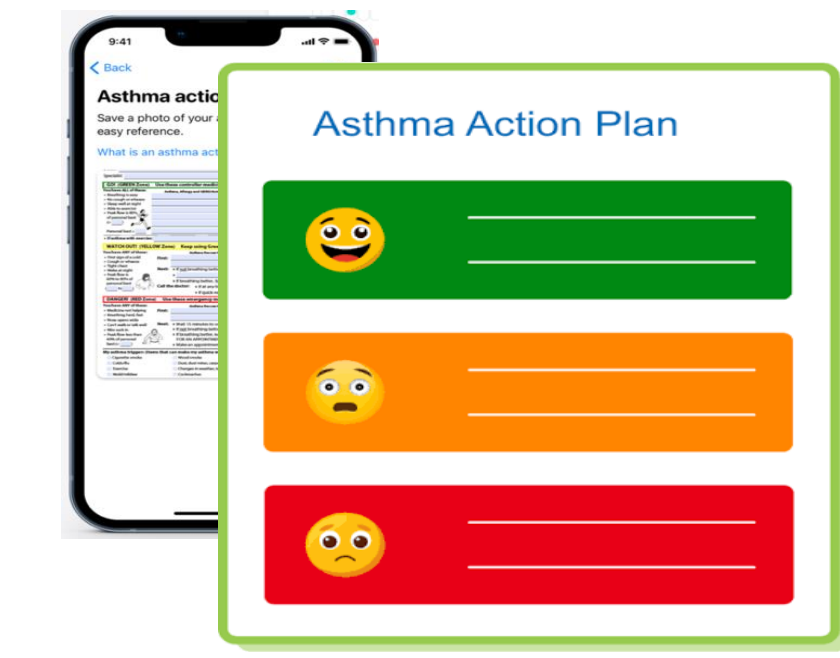
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Supported self-management for asthma is an effective intervention^{1,2}

Asthma is a variable condition

Everyone with asthma should know what to do if their asthma status changes



Asthma self-management, including provision of an action plan:

- Reduces unscheduled care
- Improves asthma control

The problem

In 2016-18 only about 20% of people with asthma in the UK had an action plan recorded in their primary care electronic health record³

Aim and outcomes

To test the impact in UK primary care of the IMP²ART whole system implementation strategy compared with usual care on:



- **Primary clinical outcome: unscheduled care.** Proportion with a record of one or more unscheduled consultations in the second year of the trial (12-24m)
- **Primary implementation outcome: provision of an action plan.** Proportion with a record of the provision of an action plan during the two years of the trial. (0-24m)

Secondary outcomes: Asthma attacks, symptom control, asthma reviews, prescribing



Outcomes were assessed on anonymous routine data extracted at the end of the trial from the electronic healthcare record of participating practices

The multicomponent IMP²ART implementation strategy



- Core components of the implementation strategy



80% (n=55) of practices received three or more of the core components as intended

55% (n=38) received all four core components.

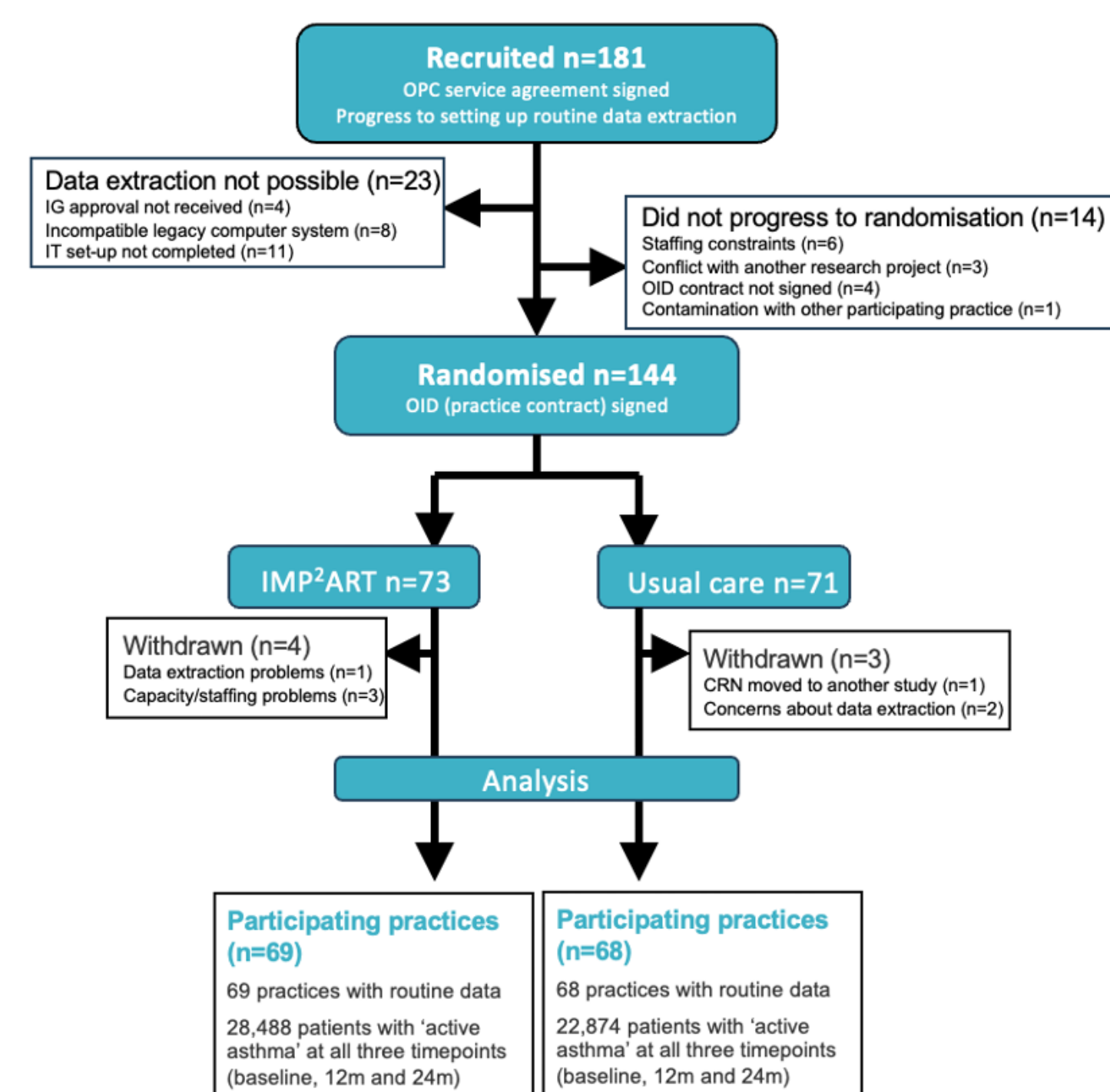
Trial design

UK-wide cluster randomised Hybrid-2 implementation trial



Results

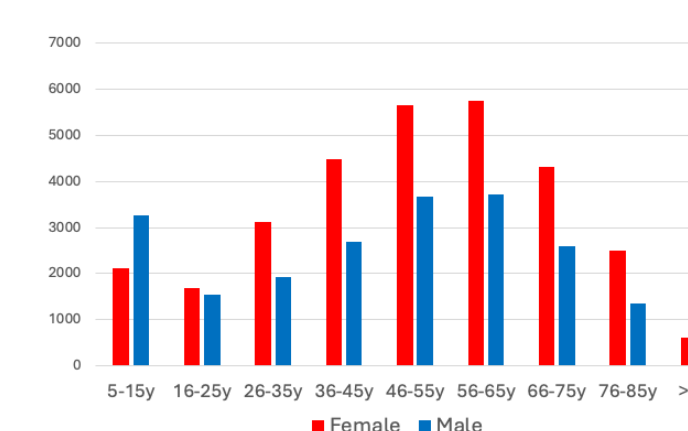
Flow of practices through the trial



Baseline characteristics

144 practices:

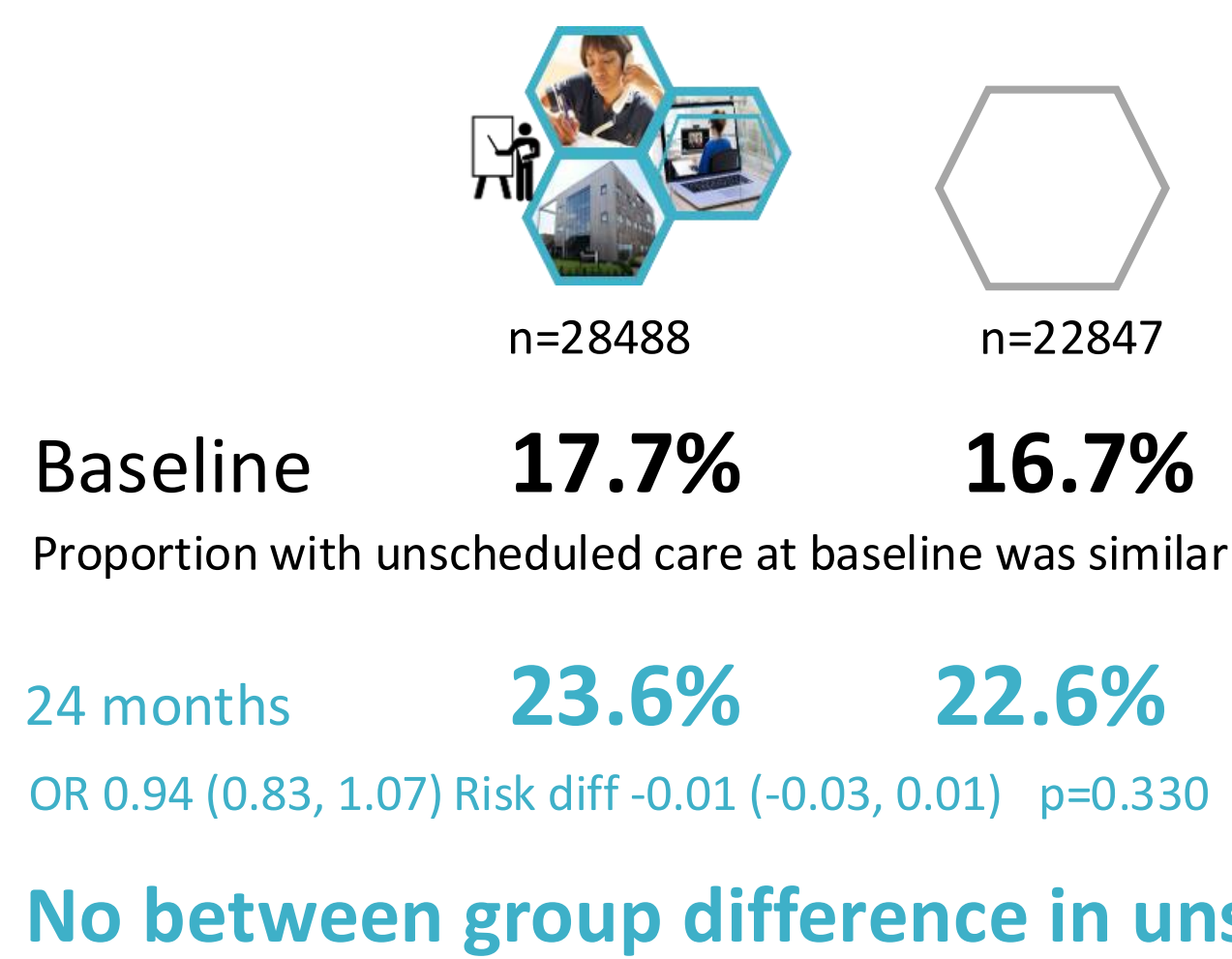
The practices (from England and Scotland) in the two groups, were similar at baseline



51,362 patients with 'active asthma':

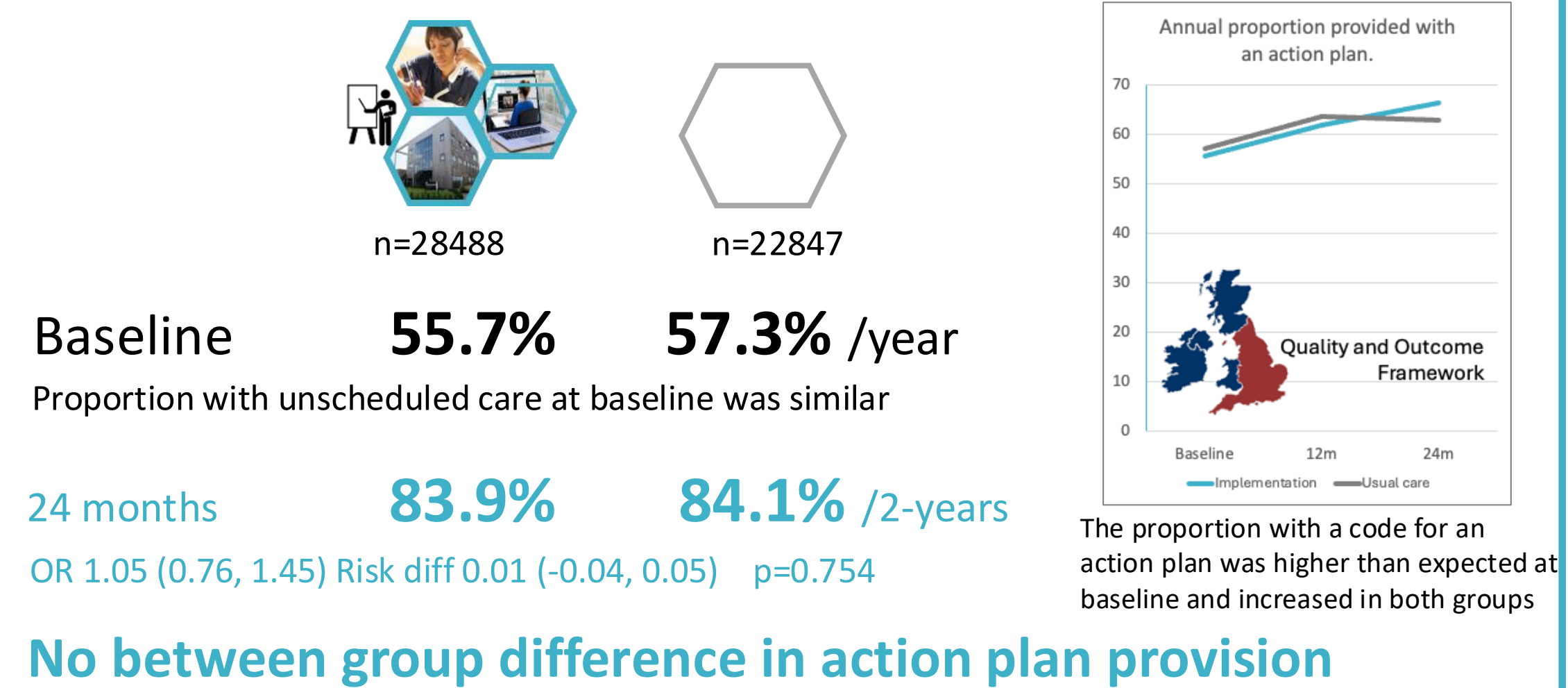
The demography of patients in the groups was similar at baseline and reflected characteristics of people with active asthma in the UK

Primary clinical outcome (proportion with unscheduled care)



No between group difference in unscheduled care at 24m

Primary clinical outcome (proportion with action plan)

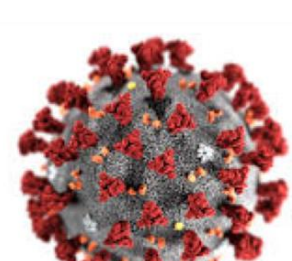


No between group difference in action plan provision

There was no between group difference in secondary outcomes (asthma reviews, symptom control, oral steroid courses, asthma prescribing)

No between group differences in primary outcomes in any sub-groups

Context for the trial [2021-2025]



- Recruitment started April 2021:
- Acute attacks rates fell during the pandemic.^{5,6}
 - Practices were reinstating care post-pandemic
 - Significant workforce pressures



The Quality and Outcome Framework included action plans in 2020/21⁷

- Assessments postponed for 2 years because of the pandemic,
- Practices were aware of the imminent change

Conclusions

Compared with usual care, the IMP²ART implementation strategy did not increase provision of action plans or reduce proportion with unscheduled care.

Trends in both primary outcomes in both groups reflected major contextual events:

- increasing attack rate (post-pandemic)
- increasing provision of action plans (inclusion in the QOF) masking any signal from IMP²ART (if any)

Asthma is a variable condition and supported self-management is an effective intervention.



Implementation at population level will require alignment with health systems policy and national initiatives.

