

Beyond trial outcomes: Contextual insights into the IMP²ART trial findings

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Background

IMP²ART (IMProving IMplementation of Asthma self-management as RouTine) developed and tested a whole-systems strategy to promote implementation of supported asthma self-management in UK primary care.

IMP²ART's cluster randomised trial across 144 practices included **primary outcomes** for **unscheduled health care** (clinical) and **action plan ownership** (implementation).

Using routine data, the trial concluded that the strategy had no impact on unscheduled care, provision of action plans or the secondary outcomes.

Aim

To explore the impact of context on the IMP²ART trial outcomes

Methods

Design: We conducted a secondary analysis of data from multipole sources, supplemented by stakeholder discussion. This was conducted in stages:

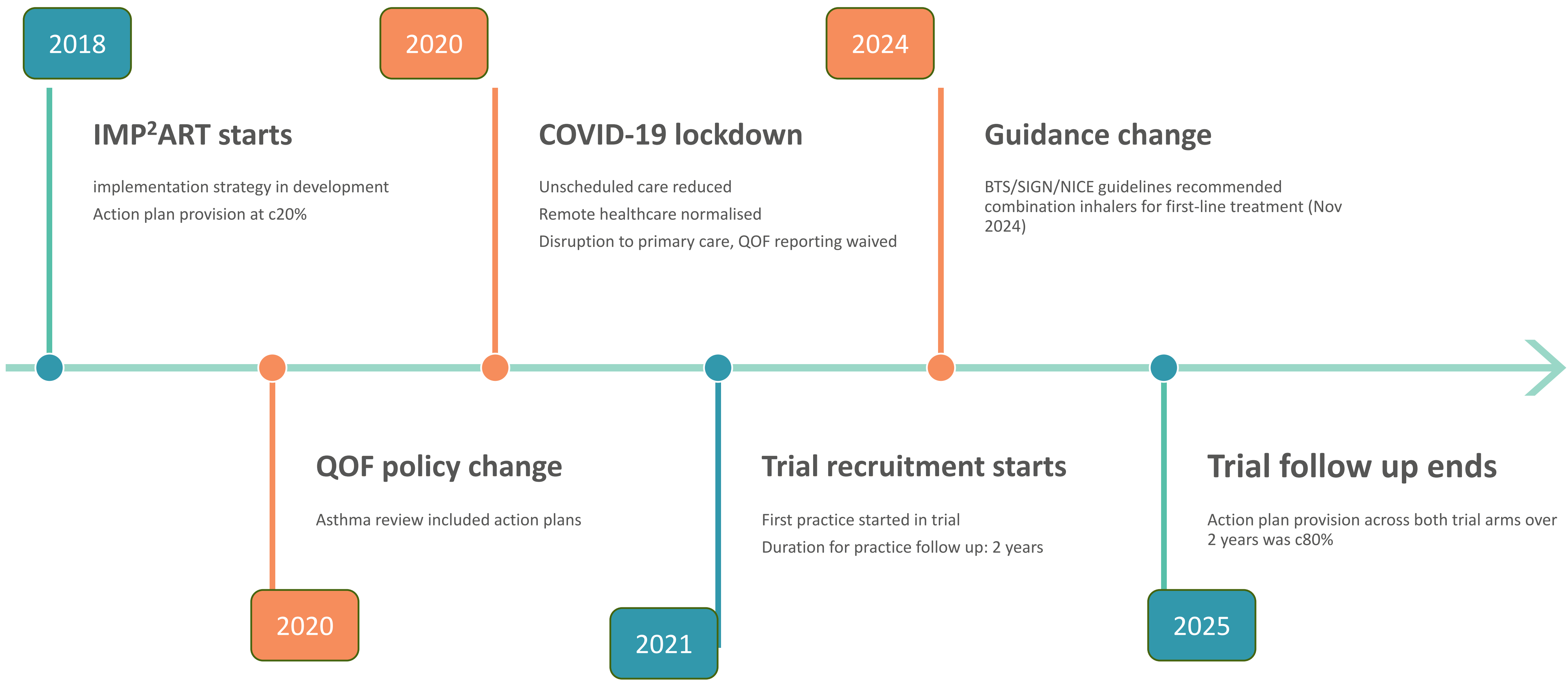
1. Identifying potential contextual drivers
2. Mapping a timeline of key contextual developments alongside IMP²ART
3. Exploring contextual influences on asthma management in primary care
4. Iteration of stages 1-3 informed by trial and process evaluation findings.

Data sources: clinical guidelines, payment incentive scheme policy announcements and implementation guidance, national health policy (England and Scotland) at the start, midpoint and end of trial, IMP²ART documentation (reports, meeting minutes, researcher and facilitator logs), process evaluation quantitative/qualitative data (practice staff interviews, IMP²ART reports), clinical and implementation outcome data (routine data from 137 practices (n=51,335 people with active asthma).

Analyses: We conducted analyses for each source then triangulated findings across sources. Interpretation was developed in discussion with clinical and patient advisory group.

Results

Three, interrelated, developments over the IMP²ART programme were identified as major influences:



- **QOF introduced action plan provision** as a core component of asthma reviews. The preparation for this change started to influence **clinical recording and primary care priorities** from before 2020.
- **COVID-19 social distancing** was associated with a substantial **reduction in unscheduled health care** (our primary clinical outcome). The pandemic delayed the IMP²ART trial start and influenced changes to the IMP²ART strategy to reflect post-COVID practice. **QOF assessments were waived** during COVID but were re-introduced as audited outcomes in 2023.
- **Updated combined BTS/SIGN/NICE guidelines** recommended combination inhalers as first-line asthma treatment, **an approach that echoes traditional action plans** by ensuring variable use of preventer treatment.

Qualitative data indicated that practices were strongly influenced by these contextual changes in delivering asthma care and trial data reflected the impact. Quantitative data showed that in both groups over the 2-year follow-up: action plan provision increased, acute attacks increased from the pandemic low, combination inhaler use increased.

Conclusion

Three contextual drivers had multiple influences on: patient health and healthcare use, practice management of asthma care, practice recording/coding processes, and on the role of asthma action plans in asthma care. The impacts likely swamped any effect of the IMP²ART implementation strategy.