



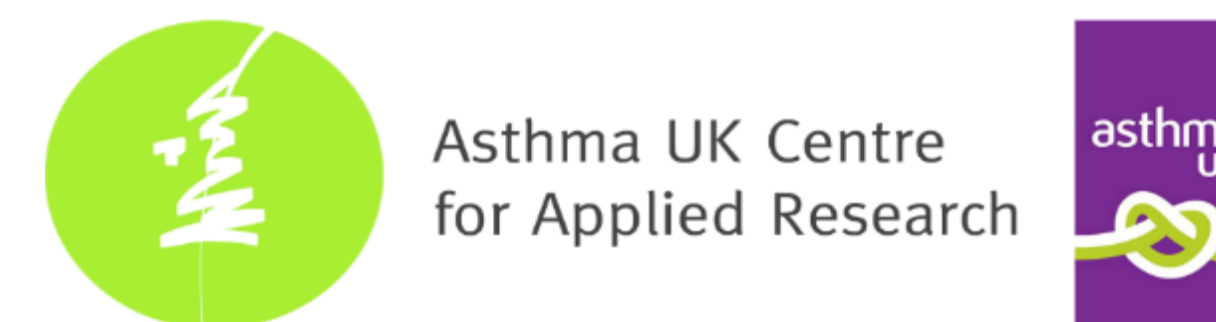
IMP2ART

Implementing improved asthma self-management as routine

IMPlémenting IMProved Asthma self-management as RouTine (IMP²ART) in primary care: internal pilot for a cluster randomised controlled trial

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Introduction

IMPlémenting IMProved Asthma self-management as RouTine (IMP²ART) is a multidisciplinary and theoretically-informed strategy to improve implementation of supported self-management and asthma outcomes in routine practice. The strategy includes 1) patient resources to support self-management 2) professional asthma self-management education for practice staff 3) organisational strategies.

Aim: This pilot, internal to a cluster randomised controlled trial, aimed to test trial processes and recruitment feasibility, and to understand practices' likely engagement with the IMP²ART strategy.

Methods

A mixed-method pilot was conducted in 12 general practices (May-September 2021). Practices were randomised to the IMP²ART implementation arm (n=6), or usual care control (n=6).

- Recruitment and set-up processes were monitored, with quantitative data analysed on key aspects of IMP²ART delivery (IMP²ART asthma review template uploads, audit/feedback reports sent, IMP²ART workshops held) and practice response (website views, education module completion).
- Ten qualitative interviews were conducted with implementation arm staff (general practitioners; nurses; practice managers) and IMP²ART facilitators (who delivered the strategy). Interviews were audio-recorded and analysed using framework analysis.

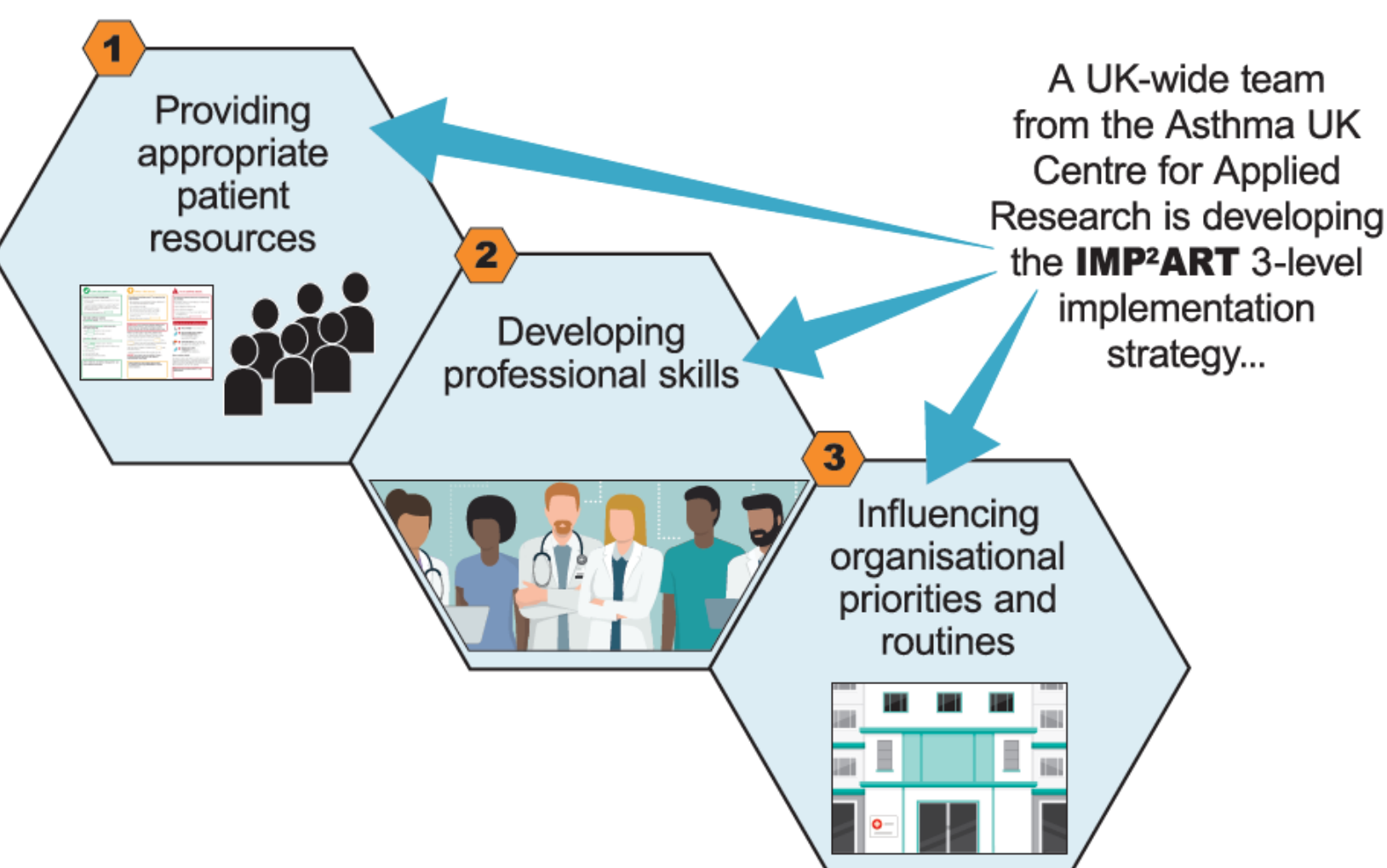


Table 1. IMP²ART Pilot Implementation Strategy Delivery

IMP ² ART Practice	IMP ² ART Workshop Delivered	Online Team Training (Module 1) Completed	Online Clinician Training (Module 2) Completed*	IMP ² ART Asthma Review Template Uploaded	Annual Asthma Report Delivered	Monthly Asthma Reports Delivered
1	✓	✓	✓	✓	✓	2 of 4 expected
2	✓	✓	✓	✓	✓	2 of 3 expected
3	✓	✓	✓	✓	✓	1 of 3 expected
4	✓	✓	✓	✓	✓	2 of 3 expected
5	✓	✓	✓	✓	✓	2 of 4 expected
6	✓	✓	✓	✓	✓	3 of 3 expected

*Denotes three or more clinicians delivering asthma reviews in the practice completed training.

Results

Twelve practices were recruited into the trial. One control practice withdrew (change in practice approach to data governance). The IMP²ART strategy was delivered largely as planned (Table 1.); the IMP²ART asthma review template was successfully uploaded, the annual asthma audit report was sent, and practice workshops were held in all implementation practices (attendance ranged from 7-31 clinical and administrative staff). There were, however, minor delivery delays for some monthly audit/feedback reports. Practice response analysis indicated ≈450 unique page views on the resource website, and 100% of practices completed the team education module. Interview data were largely positive, with examples of how practices were using IMP²ART.

"Useful for me especially with being new to asthma... it helped my knowledge with asthma, and then what should happen and about the treatment plans. And that the patient should be followed up as well within 48 hours if they have an exacerbation, I didn't know that before" (Nurse 1, Practice 5)

"[The facilitator] was really excellent, she was very knowledgeable, very practical, she struck me as experienced and understanding what we do" (GP, Practice 3)

"I actually think it [the IMP²ART template] is better than our original, it still ticks all the boxes, but I just think it's quite straightforward and it's quite, it's relatively easy to use as well" (Nurse 2, Practice 5)

Discussion

The IMP²ART trial processes were successful and required only minor changes. Practices engaged with the implementation strategy and its resources, suggesting the IMP²ART strategy is acceptable and feasible.



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