

## Introduction

Asthma results in 6.3 million primary care consultations in the United Kingdom (UK) each year, and supported asthma self-management (including regular clinical review, patient education, and asthma action plan provision) can improve asthma control and quality of life. Templates are frequently used in reviews to act as reminders and improve documentation, however, can affect patient-centred care and opportunities for patients to discuss concerns and self-management.

**Aim:** The **IM**plementing **IM**proved **A**sthma self-management as **Rou**Tine (**IMP**<sup>2</sup>**ART**) programme aimed to develop a patient-centred asthma review template that encourages supported self-management.

## Methods

Aligned with the Medical Research Council (MRC) complex intervention framework, the multidisciplinary team developed a review template in three phases (Figure 1.): 1) *Developmental phase*, which included qualitative exploration with clinicians, a systematic review, and prototype template development 2) *Feasibility pilot phase*, with qualitative feedback from clinicians (n=7) 3) *Pilot phase*, delivering the template within the IMP<sup>2</sup>ART programme (incorporating the template, along with patient resources and professional education), and inviting feedback from clinicians (n=6). The process of developing the finalised IMP<sup>2</sup>ART asthma review template followed key principles of intervention development, that it is dynamic, iterative, creative, and open to change (O’Cathain et al., 2019).



## Results

Template development was guided by the preliminary qualitative work which identified that templates can be poorly integrated with IT-systems. The systematic review identified a need to incorporate open-text/flexible options, more self-management questions and education, and to focus on patient-centredness. The prototype template was then developed for different clinical IT-systems; with an opening question to establish patient agendas; refined content (with optional fields); links to patient-information; a closing prompt to confirm agendas are addressed and an action plan provided. The feasibility pilot phase identified refinements needed, including changing the opening question to be asthma focused. The pilot ensured the template integrated with the IMP<sup>2</sup>ART programme.

## Discussion

A multi-stage development process, aligned with the MRC framework, contributed to the development of the asthma review template. The IMP<sup>2</sup>ART programme is now being tested in a UK-wide cluster randomised controlled trial [ref: RP-PG-1016-20008].

## References

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- O’Cathain A, Croot L, Duncan E, Rousseau N, Sworn K, Turner KM, Yardley L, Hoddinott P. Guidance on how to develop complex interventions to improve health and healthcare. *BMJ Open.* 2019 Aug 15;9(8):e029954. doi: 10.1136/bmjopen-2019-029954. PMID: 31420394; PMCID: PMC6701588.

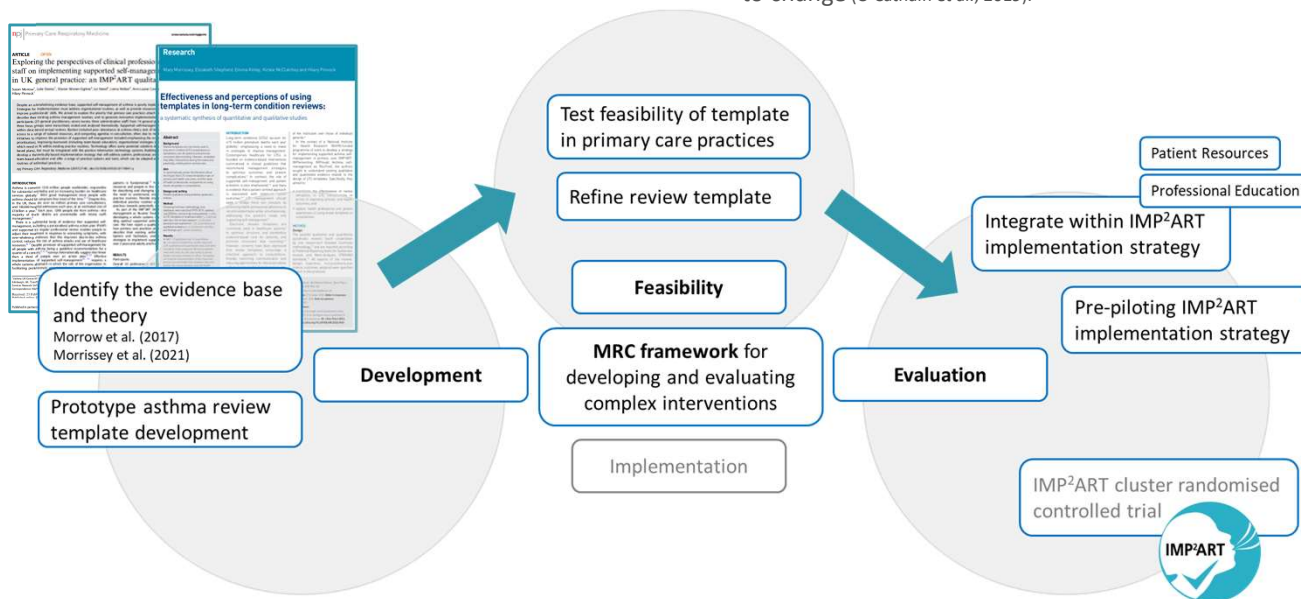


Figure 1. IMP<sup>2</sup>ART asthma review template development phases.