ICST.QI

The Institute of Clinical Science & Technology

Getting the diagnosis right for patients on the Asthma register

Fixing the Asthma Register

PROJECT OVERVIEW

STEP 1

Identify all patients on the asthma register.

STEP 2

Check all patients for evidence of asthma diagnosis and variability so you can identify all patients without evidence of variability.

MORE DETAILS

STEP 1 - IDENTIFY YOUR ASTHMA REGISTER

Identify every patient on your Asthma register by running a search. The recommended codes for the diagnosis of Asthma is:
• Read code: H33
• SNOMED code: 195967001

There will be variation between registers.

STEP 2 - CHECK ALL PATIENTS FOR EVIDENCE OF ASTHMA DIAGNOSIS

Check all patients for evidence that will support their asthma diagnosis. Sort your Asthma patients by those who have evidence of any of the following tests:
• Spirometry
• Spirometry with reversibility
• Peak flow measurement
• Peak flow diary
• Fractional exhaled nitric oxide

For those patients who DO have diagnostic test results on their record, check these results for evidence of objective variability and code accordingly. Objective variability is achieved when test results demonstrate normal and abnormal results, reflecting the airway narrowing which is typical of a diagnosis of asthma, and includes:
• A peak flow diary showing dips in measurements
• A spirometry test showing airflow obstruction
• A spirometry test showing significant improvement following administration of a bronchodilator
• A peak flow diary that show significant improvement following a trial with a steroid inhaler
• An abnormal FeNO measurement

If the patient does have evidence of variability, this confirms their diagnosis of Asthma. Make sure the diagnostic code reflects this:
• Read Code: H33
• SNOMED Code: 195967001

If the patient does not any evidence of variability, they may be misdiagnosed and should be reviewed. Click through the dropdown menu below for more details.

Scenario 1 – test results, without evidence of variability

For those patients who DO have evidence of one of the following:
• Spirometry
• Spirometry with reversibility
• Peak flow measurement
• Peak flow diary
• Fractional exhaled nitric oxide

But their test results do not show variable airflow obstruction, they should be invited for a review of their asthma diagnosis (see the next QI project in the series for more details).

In the resources of this QI project, you will find a template patient letter that can adapt for use in your practice.

Scenario 2 – no test results

For those patients who DO NOT have any test results in their records, invite the patient in for a review of their diagnosis (see the next QI project in the series for more details).

In the resources of this QI project, you will find a template patient letter that can adapt for use in your practice.