## Reducing Short Acting Beta-2 agonist (SABA) overuse in Asthma using a population health management (PHM) approach and digital intelligence Sally Merson, Jennifer Chaloner, William McConnell (Weymouth and Portland PCN, Dorset), Jane Watson (St George's University Hospital)

### Introduction

Historically the prescribing of short-acting B2-agonists for relief of Asthma symptoms is well recognised. Using > 3 cannisters per annum is high use and associated with increased risk of exacerbations and suboptimal Asthma control (1, 2), yet is a common issue. A UK study showed > 36% of people with Asthma used > 3 PA, and 13% > 7 PA (2).

The Dorset Intelligence and Insight Service (DiiS) is a population health management database created by Dorset Integrated Care System (ICS). This highlighted 17% (8-23%) of people with Asthma were prescribed > 6 SABA inhalers within the Weymouth and Portland Primary Care Network, the highest across the ICS with 11.5% prescribed > 12 SABA's pa.

Aim

To reduce SABA prescriptions for patients with Asthma across Weymouth and Portland PCN.

# Methodology

All 6 surgeries within the PCN were invited to participate. Whilst all took part, these are the results from 1 surgery.

DiiS searches was undertaken for this surgery

- for patients who had a coding of asthma and
- been issued with > 12 SABA inhalers in the preceding 12 months.

This search was repeated every 2-3/12.

Several interventions were introduced to the practice supported by the PCN respiratory team including: Education of administrative staff on asthma allowing sufficient knowledge to understand patient requests for Salbutamol – See You Tube Link for education song

- Flagging to nurse practitioners when patients request monthly repeats.
- Use of DiiS data by practice nurses to target patients for reviews, exploring why repeats were requested, including mental health issues, automatic ordering, poor asthma control and understanding of condition.
- Joint clinics with specialist PCN nurses including FeNO testing.
- Where appropriate, switching to MART regimes.
- Reducing issue duration of salbutamol to 90 days
- Texting patients who over request repeats, asking them to book in for an asthma review.
- Development of a video sent to patients explaining why the project was running.
- Engagement of local pharmacies and the PCN pharmacy team to review repeats.

prescriptions. involved.

Table 1 **Royal Mar** Surgery

Total asthma population  $\geq$  12 SABA dispensed in preceding ye **Total ICS nun** in preceding

## Results

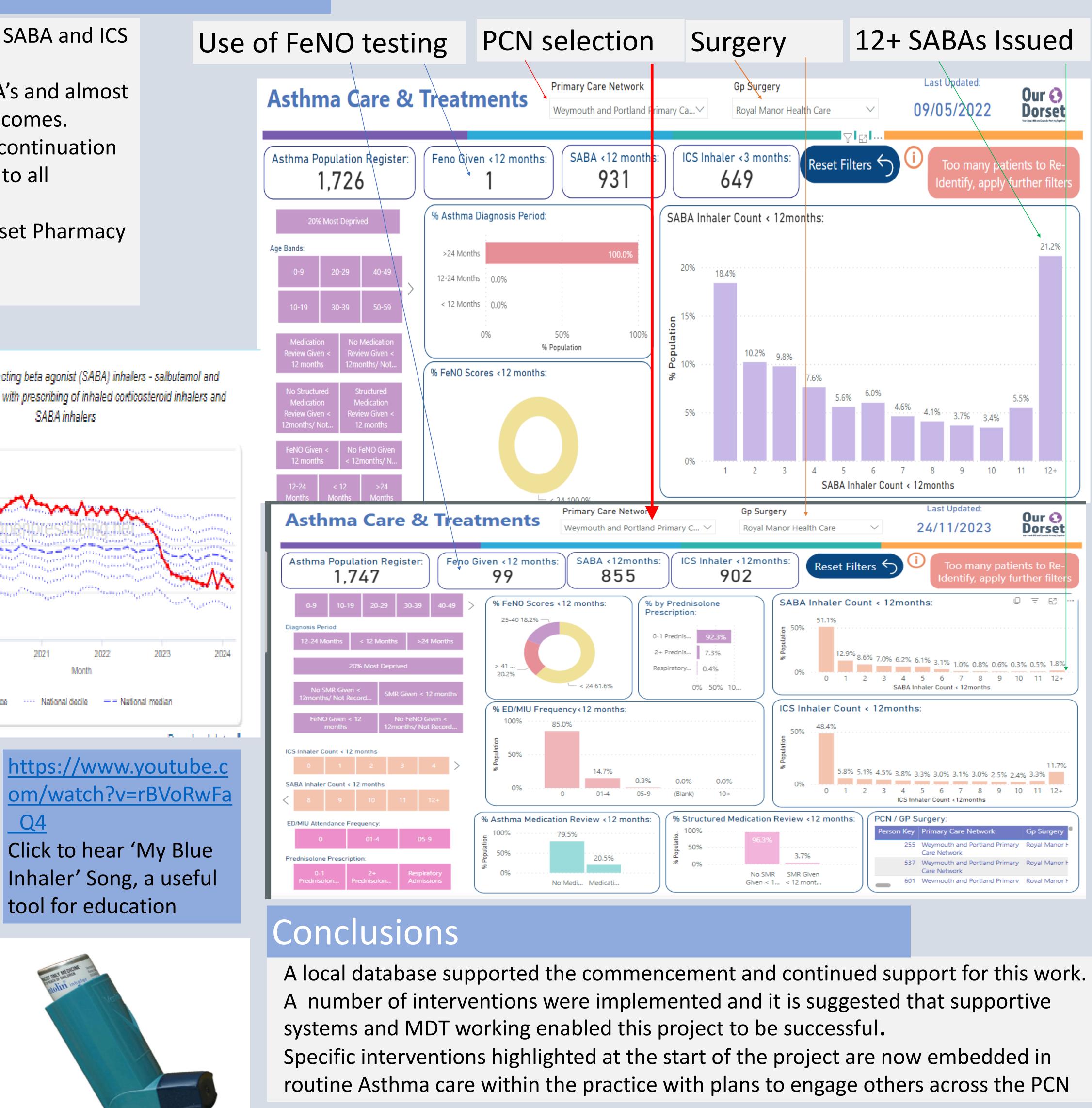
Table 1 and figure 1 demonstrates pre and post intervention SABA and ICS

There is almost a 10% reduction in those receiving > 12 SABA's and almost 15% increase in ICS dispensed, which has positive health outcomes. The DiiS database was particularly helpful in supporting the continuation

of the interventions as improvements could be seen visually to all

Environmentally, the impact is also significant, with NHS Dorset Pharmacy team calculating the carbon-savings in just one month equalled **101,479km** in a medium sized diesel car.

			Figure 1
nor /	Pre Intervention (May 22) N (%)	Post Intervention (Nov 23) N (%)	Prescribing of short acting beta agonist (SABA) in terbutaline - compared with prescribing of inhaled co SABA inhalers 70
а	1726	1747	60 10 10 10 10 10 10 10 10 10 1
า ear	198 (11.5%)	29 (1.7%)	
mber g year	649 (37.6%)	902 (52%)	30 2020 2021 2022 Month
			This practice National decile I





### References.

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Acknowledgment and thanks to the PCRS for initial project support.